SERFF Tracking #: AETN-131944476 State Tracking #:

Company Tracking #: DCALICSG2020

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: DC ALIC PPO SG 2020
Project Name/Number: 2020 Exchanges - Aetna/ALIC

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: DC ALIC PPO SG 2020 State: District of Columbia

TOI: H15G Group Health - Hospital/Surgical/Medical Expense

Sub-TOI: H15G.003 Small Group Only

Filing Type: Rate

Date Submitted: 05/24/2019

SERFF Tr Num: AETN-131944476

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: DCALICSG2020

Implementation 01/01/2020

Date Requested:

Author(s): Regis Murayi, Amy Ovuka, Joanna Kluza, Kyle Richardson, Elizabeth Mangan, Arthur Goodell

Reviewer(s): Damon Siler (primary), Efren Tanhehco, John Morgan, Dave Dillon

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: DC ALIC PPO SG 2020
Project Name/Number: 2020 Exchanges - Aetna/ALIC

General Information

Project Name: 2020 Exchanges - Aetna Status of Filing in Domicile:
Project Number: ALIC Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small Group Market Type: Employer Overall Rate Impact: 5%

Filing Status Changed: 05/28/2019

State Status Changed: Deemer Date:

Created By: Elizabeth Mangan Submitted By: Elizabeth Mangan

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Includes forms for products to be offered to Small Groups on

the DC Health Benefits Exchange.

Filing Description:

Aetna Life Insurance Company 1Q20 Small Group PPO rate filing for DC.

The corresponding forms filing was submitted separately. The SERFF ID Number is AETN-131865366.

Company and Contact

Filing Contact Information

Regis Murayi, Actuarial Consultant MurayiR@aetna.com 151 Farmington Ave 860-273-8566 [Phone]

Hartford, CT 06156

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut

151 Farmington Avenue Group Code: 1 Company Type: Hartford, CT 06156 Group Name: State ID Number:

(860) 273-0123 ext. [Phone] FEIN Number: 06-6033492

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	DC SG ALIC PPO 2020	Elizabeth Mangan	05/29/2019	05/29/2019
Rate	DC SG ALIC PPO 2020	Elizabeth Mangan	05/28/2019	05/28/2019
Supporting Document	Additional Supporting Documentation	Elizabeth Mangan	05/28/2019	05/28/2019

Aetna Life Insurance Company

State: District of Columbia Filing Company:

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Amendment Letter

Submitted Date: 05/29/2019

Comments:

Rate PDFs on Rate/Rule Schedule tab added

Changed Items:

No Form Schedule Items Changed.

State: District of Columbia Filing Company: Aetna Life Insurance Company

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

TOI/Sub-TOI:

ltem	Day and M	Affected Form		Data Author	A441	Data O Lastra L
No.	Document Name	Numbers	Rate Action	Rate Action	Attachments	Date Submitted
		(Separated with commas)		Information		
1	DC SG ALIC PPO 2020	AL SG-SOB-EPO- 14042191 04-HIX, AL SG-SOB-EPO- 14042183 04-HIX, AL SG-SOB-EPO- 14042190 04-HIX, AL SG-SOB-EPO- 14042187 04-HIX, AL SG-SOB-EPO- 14042185 04-HIX, AL SG-SOB-EPO- 14042189 04-HIX, AL SG-SOB-EPO- 14042184 04-HIX, AL SG-SOB-EPO- 14042184 04-HIX	Revised	Previous State Filing Number: AETN-131520634 Percent Rate Change Request: 5	DC_SG_77422_Rates _ON_1Q2020_v1a.xls m, DC_SG_77422_Rates _ON_1Q2020_v1a_IVL .xlsm, DC_SG_77422_Rates _ON_1Q2020_v1.pdf, DC_SG_77422_Rates _ON_2Q2020_v1.pdf, DC_SG_77422_Rates _ON_3Q2020_v1.pdf, DC_SG_77422_Rates _ON_4Q2020_v1.pdf, DC_SG_77422_Rates _ON_1Q2020_v1_IVL. pdf, DC_SG_77422_Rates _ON_1Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_2Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_3Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_3Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_3Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_4Q2020_v1 IVL.pdf,	By:
Previous Versi						
1	DC SG ALIC PPO 2020	AL SG-SOB-EPO- 14042191 04-HIX, AL SG-SOB-EPO- 14042183 04-HIX, AL SG-SOB-EPO- 14042190 04-HIX, AL SG-SOB-EPO- 14042187 04-HIX, AL SG-SOB-EPO- 14042185 04-HIX, AL	Revised	Previous State Filing Number: AETN-131520634 Percent Rate Change Request: 5	DC_SG_77422_Rates _ON_1Q2020_v1a.xls m, DC_SG_77422_Rates _ON_1Q2020_v1a_IVL .xlsm,	Ву:

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: DC ALIC PPO SG 2020

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Rate/Rule Schedu	ule Item Changes					
		SG-SOB-EPO- 14042186 04-HIX, AL SG-SOB-EPO- 14042184 04-HIX				
Previous Version						
1	DC SG ALIC PPO 2020	AL SG-SOB-EPO- 14042191 04-HIX, AL SG-SOB-EPO- 14042183 04-HIX, AL SG-SOB-EPO- 14042190 04-HIX, AL SG-SOB-EPO- 14042187 04-HIX, AL SG-SOB-EPO- 14042185 04-HIX, AL SG-SOB-EPO- 14042186 04-HIX, AL SG-SOB-EPO- 14042184 04-HIX	Revised	Previous State Filing Number: AETN-131520634 Percent Rate Change Request: 5	DC_SG_77422_Rates _ON_1Q2020_v1.xlsm DC_SG_77422_Rates _ON_1Q2020_v1_IVL. xlsm,	, By: Elizabeth Mangan

No Supporting Documents Changed.

Aetna Life Insurance Company

State: District of Columbia Filing Company:

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Amendment Letter

Submitted Date: 05/28/2019

Comments:

Rates on Rate/Rule Schedule tab updated

Changed Items:

No Form Schedule Items Changed.

 State:
 District of Columbia

 Filing Company:
 Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Item		Affected Form				
No.	Document Name	Numbers	Rate Action	Rate Action	Attachments	Date Submitted
		(Separated with		Information		
		commas)				
1	DC SG ALIC PPO 2020	AL SG-SOB-EPO- 14042191 04-HIX, AL SG-SOB-EPO- 14042183 04-HIX, AL SG-SOB-EPO- 14042190 04-HIX, AL SG-SOB-EPO- 14042187 04-HIX, AL SG-SOB-EPO- 14042185 04-HIX, AL SG-SOB-EPO- 14042189 04-HIX, AL SG-SOB-EPO- 14042186 04-HIX, AL SG-SOB-EPO- 14042186 04-HIX, AL	Revised	Previous State Filing Number: AETN-131520634 Percent Rate Change Request: 5	DC_SG_77422_Rates _ON_1Q2020_v1a.xls m, DC_SG_77422_Rates _ON_1Q2020_v1a_IVL .xlsm,	Ву:
Previous Versi	on	<u>'</u>	<u>'</u>	<u>'</u>	<u>'</u>	
1	DC SG ALIC PPO 2020	AL SG-SOB-EPO- 14042191 04-HIX, AL SG-SOB-EPO- 14042183 04-HIX, AL SG-SOB-EPO- 14042190 04-HIX, AL SG-SOB-EPO- 14042187 04-HIX, AL SG-SOB-EPO- 14042185 04-HIX, AL SG-SOB-EPO- 14042186 04-HIX, AL SG-SOB-EPO- 14042186 04-HIX, AL SG-SOB-EPO- 14042184 04-HIX	Revised	Previous State Filing Number: AETN-131520634 Percent Rate Change Request: 5	DC_SG_77422_Rates _ON_1Q2020_v1.xlsm DC_SG_77422_Rates _ON_1Q2020_v1_IVL. xlsm,	, By: Elizabeth Mang

No Supporting Documents Changed.

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Amendment Letter

Submitted Date: 05/28/2019

Comments:

Updated Components of Increase file included

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document S	chedule Item Changes
Satisfied - Item:	Additional Supporting Documentation
Comments:	
Attachment(s):	ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020.pdf 2020Aetna AVCCert Template_DC_ALIC.pdf DISB Filing Checklist - ALIC 2020.pdf Exhibit 12 - ALIC Key Factors.pdf Exhibit A-1 - ALIC Rate Change by plan.pdf Exhibit A-2_DC_SG_77422_AV_Screenshots_2020.pdf ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020 IVL.pdf DISB Filing Checklist - ALIC 2020 IVL.pdf Exhibit 12 - ALIC Key Factors IVL.pdf Exhibit A-1 - ALIC Rate Change by plan IVL.pdf Exhibit A-2_DC_SG_77422_AV_Screenshots_2020.pdf DC_SG_77422_ComponentsOfIncreaseALIC.pdf
Previous Version	
Satisfied - Item:	Additional Supporting Documentation
Comments:	
Attachment(s):	ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020.pdf 2020Aetna AVCCert Template_DC_ALIC.pdf DISB Filing Checklist - ALIC 2020.pdf Exhibit 12 - ALIC Key Factors.pdf Exhibit A-1 - ALIC Rate Change by plan.pdf Exhibit A-2_DC_SG_77422_AV_Screenshots_2020.pdf ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020 IVL.pdf DISB Filing Checklist - ALIC 2020 IVL.pdf Exhibit 12 - ALIC Key Factors IVL.pdf Exhibit A-1 - ALIC Rate Change by plan IVL.pdf Exhibit A-2_DC_SG_77422_AV_Screenshots_2020.pdf

State: District of Columbia Filing Company:

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

State: District of Columbia Filing Company: Aetna Life Insurance Company

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Rate Information

TOI/Sub-TOI:

Rate data applies to filing.

Filing Method: Review & Approval

Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.540%
Effective Date of Last Rate Revision: 01/01/2019

Filing Method of Last Filing: Review & Approval SERFF Tracking Number of Last Filing: AETN-131520634

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd)	Minimum % Change : (where req'd):
				this Program:				
Aetna Life Insurance Company	Increase	5.000%	5.000%	\$-915,179	9	\$62,938	20.400%	-1.300%

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: DC ALIC PPO SG 2020 **Project Name/Number:** 2020 Exchanges - Aetna/ALIC

Rate Review Detail

COMPANY:

Company Name: Aetna Life Insurance Company

HHS Issuer Id: 77422

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
DC ALIC PPO SG	77422DC009	77422- 1488942398695937056	

Trend Factors:

FORMS:

New Policy Forms: AL SG-SOB-EPO-14042191 04-HIX, AL SG-SOB-EPO-14042183 04-HIX, AL SG-SOB-

EPO-14042190 04-HIX, AL SG-SOB-EPO-14042187 04-HIX, AL SG-SOB-EPO-14042185 04-HIX, AL SG-SOB-EPO-14042189 04-HIX, AL SG-SOB-EPO-14042186

04-HIX, AL SG-SOB-EPO-14042184 04-HIX

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 10,826
Benefit Change: None

Percent Change Requested: Min: -1.3 Max: 20.4 Avg: 5.0

PRIOR RATE:

Total Earned Premium: 978,117.00 Total Incurred Claims: 826,075.00

Annual \$: Min: 423.26 Max: 526.66 Avg: 576.38

REQUESTED RATE:

Projected Earned Premium: 62,938.00 Projected Incurred Claims: 36,948.00

Annual \$: Min: 417.76 Max: 634.10 Avg: 605.20

SERFF Tracking #: Company Tracking #: DCALICSG2020 AETN-131944476 State Tracking #:

District of Columbia Filing Company: Aetna Life Insurance Company State:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: DC ALIC PPO SG 2020

2020 Exchanges - Aetna/ALIC Project Name/Number:

Rate/Rule Schedule

TOI/Sub-TOI:

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC SG ALIC PPO 2020	AL SG-SOB-EPO-14042191 04-HIX, AL SG-SOB-EPO- 14042183 04-HIX, AL SG- SOB-EPO-14042190 04-HIX, AL SG-SOB-EPO-14042187 04-HIX, AL SG-SOB-EPO- 14042185 04-HIX, AL SG- SOB-EPO-14042189 04-HIX, AL SG-SOB-EPO-14042186 04-HIX, AL SG-SOB-EPO- 14042184 04-HIX	Revised	Previous State Filing Number: AETN-131520634 Percent Rate Change Request: 5	DC_SG_77422_Rates _ON_1Q2020_v1a.xls m, DC_SG_77422_Rates _ON_1Q2020_v1a_IVL .xlsm, DC_SG_77422_Rates _ON_1Q2020_v1.pdf, DC_SG_77422_Rates _ON_2Q2020_v1.pdf, DC_SG_77422_Rates _ON_3Q2020_v1.pdf, DC_SG_77422_Rates _ON_4Q2020_v1.pdf, DC_SG_77422_Rates _ON_1Q2020_v1_IVL. pdf, DC_SG_77422_Rates _ON_1Q2020_v1_IVL. pdf, DC_SG_77422_Rates _ON_2Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_3Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_3Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_3Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_3Q2020_v1 IVL.pdf, DC_SG_77422_Rates _ON_4Q2020_v1 IVL.pdf,

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Attachment DC_SG_77422_Rates_ON_1Q2020_v1a.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_SG_77422_Rates_ON_1Q2020_v1a_IVL.xlsm is not a PDF document and cannot be reproduced here.

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Planting Name Planting Name Planting Name Planting Name	Party State 1	Marin Ing-No. Marin Ing- Marin Ing-No. Marin Ing- Marin Ing-No. Marin Ing- Marin Ing-No. Marin Ing-		21.0 21.0 21.0 21.0 21.0 21.0	16.7 16.3
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Paster tea.	Party Star 1	Marie control Marie Con-		***	10.0
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Pauli Paul	Anna man	Natura control bases con Natura control bases con		***	75.0
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Product took	Party State 1	Marie Station Marie Star Marie Station Marie Star		111.00	1000
Parker see	Management .	Manus tracker, Manus trac Manus tracker, Manus trac	=	10.0	100.00
Partie France	Reng man 1	Manuscrafter, Ma	=	VIII.D VIII.D	100
Parker tea	Party con 1	Makes trucker have to the		100.07 10.00	100.0
Plantic Face Pl	Auritan .	Marie Carllen Marie Car Marie Carllen Marie Car Marie Carllen Marie Car	_		
Parker tea	Rang con 1	Marie Darlin Marie Sar Marie Darlin Marie Sar			10.0
Parker to a	Rang man 1	Manus Star No. Manus Star Manus Star No. Manus Star	=	-	10.0
Parker tea	Angent.	Many starting bearing that Many starting bearing that	=	F-9	50.00 50.00
Paulice team	Party State 1	Marie Station Marie Star Marie Station Marie Star		F-10	17.00 17.00
Passartes	Party Star 1	Made metro force for		97.80	57.60

March Marc	and ore,	Make the No. Make the Star		100
March Marc	PRODUCTION Purposes	Televis searcher felecis sear Selecte searcher felecis sear	M.4	100.00
March Marc	PRODUCTION Purposes	Many species, Many spec Many species, Many spec	## M	****
Section Sect	PRODUCTION Purposes	Many sperior, Many sperior	81.00	APPEN
	PRODUCTION RANGES	Many startes Many star Many startes Many star	***	***
	Product took Bang too 1	Nature startion federal star	##. ## ##. **	200 H
Column	Production Ranging 1	Made too No. Made to the Made the No. Made to the	#17 #18	A70.70
The color	PRODUCTOR REQUEST	Many surfact Many sur	***	16/6
March Marc	PRODUCTION PROJECT	Manu suchin Manu sur	91.0	10.00 50.00
Column	PRODUCTION RANGES	Manu suchin Manu sur	Marine Marine	ANT N
	PRODUCTION RANGES	Nature star No. Nature star	Marian Marian	8718
	PRODUCTION PARTIES.	Many surfact Many sur	70.00	10.00
	PRODUCTION PARAMETERS	Name and No. Name and	70.16 80.07	700.0
	PRODUCTION PROGRAM	Made the No. Made the	800	M1.0
Section Sect	PRODUCTION Purposes	Make the No. Make to the	90.0	90.00 WAR
	PRODUCTION Purguest	Manuscripe Manuscripe Manuscripe Manuscripe	90.00 900.00	100.0
	PRODUCTION PROGRAM	Many sperior, Many sperior	1144	TO SERVICE
	PRODUCTION PARQUEST	Manu suche Menu ser	****	1700
Section Sect	Production Respons	Many suchs Many ser	****	17 100
Section Sect	Production Baryon !	Makes star No. Makes star Makes star No. Makes star	***	-
	PRODUCTOR ANGUM	Many surfactions are	90.00 90.00	***
Section Sect	PRODUCTION PROJECT	Many surfactions are	***	***
March Marc	PRODUCTOR ANGUM	Many surfact Many sur	91.9	100
	PRODUCTION BARGORAL	Manuscript, Manuscript Manuscript, Manuscript	81.0	MATERIAL SERVICE
	Particular August	Mante star No. Mante star	***	100
The column The	PRODUCTION REQUEST	Manus startion fathers star	90.9	10.0
Section Sect	Participant Regions	Many suches Many that	87.00 88.00	PF 8
Column	PRODUCTION REQUEST	Many suches Many that	#1.00 #1.00	150
March	Production Assessed	Name and No. Address that	82.70 87.80	10/10 40/40
March Marc	PRODUCTOR REQUEST	Many suches Many sur	#1.00 #1.00	****
March Marc	PRODUCTOR REQUEST	Many startion Majors star	#0.00 #0.00	AR-9
March Marc	PRODUCTOR REQUEST	Many sperior Many star Many sperior Many star	#4.0	M-1
March Marc	Production Rangins	Many sperior Many star Many sperior Many star	***	and to a
March Marc	Production Rangins 1	Nature startion federal star	W1.00	W-40
March Marc	PRODUCTOR REQUEST	Many sperior Mayor star	***	No. of
March Marc	Production Rangins	Many sperior Many star Many sperior Many star	E-A	80.0
March Marc	Production Regions	Mante Star No. Macro Star Mante Star No. Macro Star	80.0	10.00 Marie
March Marc	Production Rangins 1	Nature startion federal star	70.74 70.74	78.9
March Marc	material August	Many surfact Many sur	70.00 70.00	700.00 700.00
	PRODUCTOR ANGUM	Makes sourher Makes sour	80.0	FR. 6
Column	PRODUCTOR REQUEST	Made the No. Made that	80.00 80.71	Mr. 40
	Production August	Natura staritor. Natura stari	100.0	100
	Production Respons	Natura stachin Adems incr	-	100.0
	Product took Bang too 1	Makeria Khan Makeria Khar	10.0	155
	material August	Make the No. Make the	10.75 10.75	10.0
	PRODUCTION PROGRAM	Made surfact Made sur	10.0 10.0	10.0
	Paster tea August	Mater tracks Marie too	95.0	10.0
	Passer and and and	Many Darlin Many Dar Many Darlin Many Dar		***
	Passer and San Control	Many tracks, Many trac		W-00
Column C	Production Englant	Manus Darlino, Marco Star Manus Darlino, Marco Star		M1.00
	Production And and	Manus star No. Marco star	-	W-0
	PRODUCTION TO COLUMN	Manus Darlin Manus Dar	8.4	10.0
	PRODUCTION PROGRAM	Manus startion fathers star	91.0	***
	Pasteriora Respons	Natura stachin Natura star	#1.W	F10.0
	Pasteriora Respons	Mante star No. Mante star	***	400
	PRODUCTION RANGES	Make the No. Make the	22	APR
	Production August	Many Startin Many Star	#17 #17	2000 2000 2000
	PRODUCTION BANKS	Many Darlin Many Dar Many Darlin Many Dar	***	MA.
	Passer and San Control	Many Surface Many Star	40.0	tan-
1	Production Ranging 1	Material State Of Sta	90.0	10.0
	PRODUCTION BACK CO.	Manus Darlino, Marco Star Manus Darlino, Marco Star	90.00 90.00	2000 2007
	Paster tea August	Mater tracks Marie too		
	Paradicina Rangina 1	Makes the No. Makes that	***	18.0
	PRODUCTION PROPERTY	Many Darks, Maris Sar Many Darks, Maris Sar	80.0	MARCH
Marie Carl Argue Alexa Alexa Marie Carl Alexa	PRODUCTION BANKS	Many Darks Many Sar Many Darks Many Sar		2005 2005
	PRODUCTION PARKAGES	Manus marker Manus mar		10.0
Production Resignant Manual position Season over 1997 1997 1997 1997 1997 1997 1997 199	Continue Services	Makes tracked Makes that	911.00 901.00	Terrore Terrore
	PRODUCTION BANGORAL	Many marks Many mar	100.07	1000

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	State Septed Line S		Regional beautiful control of the co	Regulari base to app Paradente organica forms	Anna Anna Anna Anna Anna Anna Anna Anna	Regist bits has a discrete videos and and a pice
	Page 1 to 1	Maring State 1 Maring State 1 Maring State 1 Maring State 1	Court Carrier Court Carrier Ca		-	
	Place of the P	Party State 1 Party State 1 Party State 1 Party State 1	Many marks been not been marks been not been marks been not		\$10 \$10	5.1 7.1
	Planting that I have been been been been been been been be		Salari Parito Salari Bar Salari Parito Salari Bar Salari Parito Salari Bar Salari Parito Salari Bar			200 200
	PARTITION OF PARTI	Maring State 1 Maring State 1 Maring State 1 Maring State 1	Total control total control to the control total control to the control total control	-	81.0 81.0 81.0 81.0	27 A
	Particular of Pa		Many swifts four say Many swifts four say Many swifts four say Many swifts four say		- 91	
	Passing team of	Table State 1	Salari Sarita Salari Sar Salari Sarita Salari Sar Salari Sarita Salari Sar Salari Sarita Salari Sar		20.0	10.6 00.0
	Page 1 to 1	Maring State 1 Maring State 1 Maring State 1 Maring State 1	Many racks four or Many racks four or Many racks four or		- 1	84
	Page 1 to 1	Maring State 1 Maring State 1 Maring State 1 Maring State 1	Manus reaction feature may be a served feature may be a served feature may be a served feature may		60.0	
	Participant of the Control of the Co	Party State 1 Party State 1 Party State 1	total control total con- total control total con- total control total con- total control total con-			973 973
	Planting that I have been been been been been been been be		Salari Parito Salari Bar Salari Parito Salari Bar Salari Parito Salari Bar Salari Parito Salari Bar		700 700	100
	Page 1 to 1	Maring State 1 Maring State 1 Maring State 1 Maring State 1	Many racks four or Many racks four or Many racks four or Many racks four or	_	- 20	100 100 100
	Place of the Park	Tang tea 1	Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the		2.1 2.1 2.1	60 E
	Parallel State	Party State 1 Party State 1 Party State 1	total control total con- total control total con- total control total con- total control total con-	=	878 878 878	60 to 10 to
	PARTIES TO SERVICE TO	Paring State 1 Paring State 1 Paring State 1 Paring State 1	Manus sucha Manus sur Manus sucha Manus sur Manus sucha Manus sur Manus sucha Manus sur Manus sucha Manus sur		450	200 200 200
	Passing time of		Many raction bears our feath raction bears our feath raction bears our feath raction bears our		400 400 400	10.0 10.0 40.0
	Particular III	Party State 1 Party State 1 Party State 1	Makes tracked black that Makes tracked black that Makes tracked black that Makes tracked black that		80	E3
	Product Name of Name o	Maring State 1 Maring State 1 Maring State 1 Maring State 1	Many racks four or Many racks four or Many racks four or			81
	Paster ton I	Maring State 1 Maring State 1 Maring State 1	Total Carlo Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales		100	000 000 000
	Passing time of		Makes standard Makes that Makes standard Makes that Makes standard Makes that Makes standard Makes that		11	197.0 197.0 193.0
	Place of the Party	Maring Stat 1 Maring Stat 1 Maring Stat 1 Maring Stat 1	Marie Carlos Marie Carlos Marie Carlos Carlos Marie Carlo		E.0	163
	PARTY NEW PARTY	Marry Star 1 Marry Star 1 Marry Star 1 Marry Star 1	Marie Confes Admin Confes		910 910 910	10.00 10.00 10.00 10.00
	Planting time in Planting time in Planting time in Planting time in	Table State 1 Table State 1 Table State 1	Marie Daniela, Marie		100	120
	Planting time of Planting tim	Table ton 1 Table ton 1 Table ton 1	Many raction bears our feath raction bears our feath raction bears our feath raction bears our		27.0	150 150 150
	Partie to Partie	Party list 1 Party list 1 Party list 1 Party list 1	Marie Dan San Marie Day Marie Dan San Marie Day Marie Dan San Marie Day Marie Dan San Marie Day		210 210	100 100 100
	Particular from a Particular from a Particular from a Particular from a	Total Const	Marie Star No. Sales Star Sales Star No. Sales Star Sales Star No. Sales Star Sales Star No. Sales Star		210	100 100 100
	Paster ten	Tarigania (Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the		211 211	10.5 10.5
	Passing terms of Passing terms of Passing terms of		Many raction bears our feath raction bears our feath raction bears our feath raction bears our		2010 2010 2010	2015 0015 0016 0017
	Panish rates	Maring Steen 1 Maring Steen 1 Maring Steen 1 Maring Steen 1	team ranto team or team ranto team or team ranto team or		#17 #17 #78	15.5 15.5 45.6
	Passar Associated in Passar As	Maring Steam 1 Maring Steam 1 Maring Steam 1 Maring Steam 1	Manus rapido Manus dar Manus rapido Manus dar Manus rapido Manus dar Manus rapido Manus dar			83
	Paster team of	Maring State 1 Maring State 1 Maring State 1	Total Carlo Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales		900 900	90.0 10.0 10.0
	Passar San I		Makes standard Makes that Makes standard Makes that Makes standard Makes that Makes standard Makes that		917	100 100 100 100
	Participant of the Control of the Co	Party State 1 Party State 1 Party State 1 Party State 1	Mann marker black market barriers and beauty marker blacks market blacks			20
	Paster San		Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari Salari		911 911	101 101 102
	Parker See	Maring State 1 Maring State 1 Maring State 1	Manual State Community of the Community		190	100
The column	Passar Associated in Passar As	Maring Steam 1 Maring Steam 1 Maring Steam 1 Maring Steam 1	Manus control documents forms control documents forms control documents		10.0 10.0	195
		Tarig too 1 Tarig too 1 Tarig too 1	Marie Car No. No. 1 And Marie Car No. Nation Star Marie Car No. Nation Star		9.0 9.0	-
	Passar San	Party State 1 Party State 1 Party State 1	Many species follows that Many species follows that Many species follows that		- 20	92 92
	Participant of the Control of the Co	Tarig State 1 Tarig State 1 Tarig State 1	Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the		-	#15 #15
	Parker has a	Maring State 1 Maring State 1 Maring State 1	Total Carlo Sales Sales Sales Sales Sales Sales Sales Sales Sales Sales		- 11	100 100 100
	Participant of Partic	Table State 1	Makes tracks false to the Makes tracks false to the Makes tracks false to the Makes tracks false to the		216 216	12.6 20.6
		Party Com 1 Party Com 1 Party Com 1	Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the Makes the No. Makes the		91.0 91.0	10.5 10.6
	7400700		team ranto team or team ranto team or team ranto team or	_	100 100 100	97.5 97.5
	7400700 F	Maria San 1 Maria San 1 Maria San 1	Manus Carries Manus Carr Manus Carries Manus Carr Manus Carries Manus Carr Manus Carries Manus Carr		810 513	900 900 700
	Parket III	Ratio State 1 Ratio State 1 Ratio State 1	Many raction bears our feath raction bears our feath raction bears our feath raction bears our		#15 #12	100 100
	Participant of the Control of the Co	Maring State 1 Maring State 1 Maring State 1 Maring State 1	Many swifts four our Many swifts four our Many swifts four our Many swifts four our		975 875	27.5 27.5
	7400700	Party State 1 Party State 1 Party State 1	total control total con- total control total con- total control total con- total control total con-		603 7327 7327	985 M
	Participant of the Control of the Co	Table 100 1	Many rachs have no face rachs have no face rachs have no		101	100
1		Tang tea 1	Manus star No. Natura star Manus star No. Natura star	-	80.0	100.0
Section Sect	PARTIES AND A	Managaman 1	Sauce surface Sauce sau	_	8.0	10.0
	Parking and A	Tarry Com. 1	team marker bears mar	_	W.0	90.0
The column The	Parker son A	Marrie Committee	Name and the Address of the	-	80.00 80.07	MAIN MAIN
1	Pasterion I	Marrie State 1	Manuscraften, Manuscrafter Manuscraften, Manuscrafter			44.0
	Pasterior I	Married Committee	Made surfan Maria sar Maria surfan Maria sar		80.0	100
Section Sect	Participan I	Marie Com 1	Marie Dar No. Marie Dar Marie Dar No. Marie Dar Marie Dar No.	-	***	100
1	PRODUCTION IS	Party sea 1	Manuscrafter, Manuscrafter Manuscrafter, Manuscrafter	_	200	
March Marc	Paddress S	Material State 1	Manus Carries Advers Corr			27.0
Second	Pastirion I	many man "	Name and the American Star	- :	W. II	10.0
	residence a	tenjam.	Name and No. Name and	-	91.0	50 to
1	Panis and a	Managaman 1	Name and Str. States and	_	90.00	10.0
1	Panistran I	Managaman *	Many surfactions our		90.0	10.0
Second	Pasticipan A	Tarry con 1	Manuscrafter Manuscrafter Manuscrafter Manuscrafter	_	MA. 17	Mary Mary
	Panisir san A	many man 1	Name and the Aders and		90.0	
	Pasterna a	Maring com 1	Marie Darlin, Marie Dar Marie Darlin, Marie Dar		N. O	70.0
	Pasterion I	many star 1	Mante Star No. Marco Star Mante Star No. Marco Star		***	***
	Paster ton a	Marrie Com 1	Marie Darlin Marie Dar Marie Darlin Marie Dar	=	20.0 20.0	200 200
Second S	PARTITION I	Party sea 1	Manus control Manus con Manus control Manus con		90.00 90.00	10.00 W/ T
Section Sect	Pasterna a	Matrig State 1 Matrig State 1	Manus Star No. Marco Star Manus Star No. Marco Star		10.0	-
1	Pasterios I	Mating coan 1	Marie Darlin, Marie Dar Marie Darlin, Marie Dar		7444	100
	Pasterion I	many sear 1	Makes tracks have to the	-	THE P	1983
	PARTITION I	Tarry con 1	Makes Starting States Start States Starting States Start		181.0 181.0	1800
Second S	Paster ten	Party Star 1	Mario Darka Mario Dar		100.00 00.00	100.00
March Marc	Pastirtus I	Marrie Com 1	Marin Darlin, Marin Dar Marin Darlin, Marin Dar		***	No. or
	Pastirtus I	Party Star 1	Makes tracked before that		***	10.0
	Pasterios I	Mating coas 1	Manus Courtes Advers Court Manus Courtes Advers Court		81.0	10.00 10.00
Maria Salah Maria Salah Sa	Panis ran	Aury man 1	Manus control Manus con-		8/7	10.7
PRODUCTION AND DAY Made parties follow that	Panis and a	Maring State 1	Salara sucha Salara sur Salara sucha Salara sur		8/A	10.5
	Participan I	Tarra trans	team surfactors are		8/1	10-1 10-1

Paritire	Party sea 1	Administration federal dear Administration federal dear		#1.75 #1.75	M/4
Product took	Party State 1	Name and Str. Street and		21.0	200
Product took	Party read	Manuscraften Meeter Star	=	A1.1	
Parker see	Paris and 1	Malata Statiffen Malata Stati Malata Statiffen Malata Stati		817	A10.7
Parkerson	Rangeman 1	Makes tracked hearts than Makes tracked hearts than	-	#1.00 #1.00	A1.0
Parkir tea	Participant 1	Manuscrafter, Marris Star		810	100.0
Pasitives	Party State 1	Many stacks, Marry Star	=	ALV	46.0
Parkirtus	Party State 1	Makes tracked Makes that Makes tracked Makes that	_	***	***
Product took	Party State 1	Name and Str. Street and		90.0	10.0
Paulicina	Party star 1	Manuscraphin Marris Dar			14.0
Parker see	Paris and 1	Makes tracked bearing that	=	-	100
Parkir tea	Party State 1	Makes tracked hearts than Makes tracked hearts than	_	80.0	80.0
Product took	Party read	Name and State States and		***	10.0
Pasitives	Party State 1	Many stacks, Marry Star	=		10/0
Pasterna	Paris and a	Materia Sanchia, Materia Stari Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia		81.0	10.0
Participant Control	Party State 1	Manuscraphin Marco (sar	_	W.A.	194
Product took	Rating State 1	Name thereto have now Name thereto have now	=	90.0	10.0
Product took	Paris and 1	Makes tracker, bearing that Makes tracker, bearing that		101.00	1000
Parkirtus	Party State 1	Makes tracked Makes that Makes tracked Makes that	_	100.00	100.0
Parkir tea	Participant 1	Manuscraphin Manuscraphic		1979	1996
Paulicina	Rating State 1	Name and No. Address that	=	100	11,010
Parkerson	Party read 1	Administration Administration of the Control of the			100
Parket have	Party State 1	Salaria Daniferio Salaria dias-	$-\overline{}$		100
Park I I	Party man 1	Salaria Danifera Salaria dale	_		10.0
Parkerson	Party star 1	Makes tracked fellows that	=		10.0
Parket No.	Participan 1	Makes tracked before that			10.0
Parket Serv	Party con 1	Marie Darlin Marie Dar			Marie Marie
Table 100	Reng man 1	Materia Siachia, Materia Siaci Materia Siachia, Materia Siaci	=	***	100
	Party Com. 1	Andrea Complete Administration of the		***	NAC AL
Parker have	Party con 1	Makes Statem Sales State Makes Statem Sales Sales	$=\overline{}$		W-8
Production to the	Party State 1	Many curton house our	_	800	76.0
-	Rating State 1	Name and No. Address that	_	97.00	100
	Paris and 1	Makes tracker, bearing that Makes tracker, bearing that		***	100.0
Product too	Party State 1	Makers searche. Makers star Makers searche. Makers sear		810	200
Production to the	Party Start	Manuscraphin American	=	81.17	ART -
-	Party State 1	Many stacks, Marry Star	=	200	400
-	Party con 1	Makeria Sharifian Adamin Shari Makeria Sharifian Adamin Shari	-		
Product too	Party State 1	Natura State No. Natura State	=	80.0	17.0
-	Party State 1	Many stacks, Marry Star	=	***	***
	Paris and 1	Makes tracked bearing that		977	80.0
Production to the	Party con 1	Makes tracked Makes that Makes tracked Makes that	_	95.00 80.17	1000 8007
Pauliceton	Partie State 1				
		Makes tracked feature than		80.00	10.4
	Rating State 1 Rating State 1	Manus standard, Malesta Standard Malesta Standard, Malesta Standard Malesta Standard, Malesta Standard		80.76 80.46 87.46	50.5 80.6
Product Note: Product Note: Product Note: Product Note:	Puring State 1 Puring State 1 Puring State 1	Makes Starten Makes Start Makes Starten Makes Start Makes Starten Makes Start Makes Starten Makes Start Makes Starten Makes Start		60.00 60.00 60.00 70.00	2000 2000 2000 2000
Product Service Servic	Maring Salan 1 Maring Salan 1 Maring Salan 1 Maring Salan 1 Maring Salan 1	Makers standen Makers stand Makers Standen Makers stand		90.10 90.10 91.10 91.10 91.10 91.10	90.0 90.0 90.0 90.0 90.0
Product Note Produ	Making Alba 1	Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar		101.10 101.40 101.40 701.40 701.40 701.40 101.47 101.47	2000 2000 2000 2000 2000 2000 2000
Publish Nor Publish Nor Publish Nor Publish Nor Publish Nor Publish Nor Publish Nor	Public Steam 1	Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar		90.00 90.00 90.00 90.00 90.00 90.00 90.00	20.50 20.50
Problem Note: Pr	Printing Street 1	Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar		65.00 65.00	20.75 20.05
PROBLEM TOOL PROBL	Pump count 1	Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar		90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00	20.50 95.50 95.50 96.50
	Rang max 1	Antonio starifon Antonio sono Salanto starifon Antonio sono		98.46 99.50 99.50 98.47 98.47 98.47 98.47 98.45 98.45 98.45	5.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00
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	Amag ama 1	Makes service, Merce service, Makes service, Merce		10.00 (10	100 A
	Amag ama 1	Makes service, Merce service, Makes service, Merce		98.43 97.43	2000 2000 2000 2000 2000 2000 2000 200
	Manage (man 1) Manage (man 2) Manage (man 3)	Makes service, Merce service, Makes service, Merce		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
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	Amagana Sangana Sangan Sangana Sangana Sangana Sangana Sangana Sangana Sangana Sangana	Makes service, Merce service, Makes service, Merce		10.00 (10	
	Sengians	Makes service, Merce service, Makes service, Merce		10.00 (10	100 May 100 Ma
	Sengians	Makes service, Merce service, Makes service, Merce		100 C	
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	Parker have	Ranginas 1 Ranginas 1 Ranginas 1	Marie Carrier Marie Carrier Ca		#11 #11	E.
	Product Name Product Name Product Name Product Name	Party State 1 Party State 1 Party State 1	Marie Darkin, Marie Dar Marie Darkin, Marie Dar Marie Darkin, Marie Dar Marie Darkin, Marie Dar		#11 #11	a de la composição de l
	Product Name Product Name Product Name	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		#1	81
	Plantie Plantie		Many resident Many our Many resident Many our Many resident Many our		910 910	100
	Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Tangana :	Many resident describer of the control of the contr		810 871	15.0 10.1
	Product Name Product Name Product Name	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		10	50 50
	Plantic Page Plantic Page Plantic Page	Party State 1 Party State 1 Party State 1	Many surfactors our		207 207 277	100 100 100
	Plantic State Plantic State Plantic State		Marin courter, falore cour Marin courter, falore cour Marin courter, falore cour Marin courter, falore cour		61X 61X	10.1 10.1
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Parker took	Aurigana 1	Materia Sanchia, Materia Stari Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia	=	85.75	46.9
Pasterna	Party com 1	Nature Statem Aderes State Nature Statem Aderes State		80.0	80.0
Product took	Party con 1	Manuscrafter, Ma	_	W/A	90.0
Participant Control	Party State 1	Name thereto have now Name thereto have the	=	100.00	100.00
Participant.	Party State 1	Manuscrafter, Marco Star		1607	100.7
Parkirtus	Party con 1	Makes tracked Makes that Makes tracked Makes that	_	10.4	107.00
Product took	Party con 1	Name and Str. Street and		\$16.00 \$16.00	179.0
Product took	Partie State 1	Manuscraphin Marris Dar		V10.00	170.0
Page 100	and and	Maria markin Adams mar Maria markin Adams mar		97.0	978.8
Parket have	and and	Marie Carlin Share the Marie Carlin Share the	=		W-6
Park to the	Personal Contract	Manuscrafter, Manuscrafter		87.0	SIT IS
	Party State 1	Makes tracked fellows that	=		No.
	negative.	Makes tracked federal than Makes tracked federal than		81.0	10° 8
Parker have	And serve	Salaria Daniferio Salaria dias-	=		-
Park to the	Personal Contract	Materia Siachia, Materia Siaci Materia Siachia, Materia Siaci	=	8.0	-
Parker Nov	Party State 1	Makes the No. Makes the	=		-
Parker have	Amplica.	Makes tracked federal than Makes tracked federal than			17.0
Parker have	Paragrams 1	Makes tracked feature than Makes tracked feature than	=	-	10.0
	Party star 1	Name and State States and	=	***	100.00
-	Party State 1	Many stacks, Marry Star	=	***	19.6
Table 100	Parigina 1	Makers searche. Makers star Makers searche. Makers sear	_	44.0	10.0
Product too	Party con 1	Natura State No. Natura State	_	44.0	70.0
	Party con 1	Makes tracked bearing that	=	444	-
-	Party com 1	Makeria Sharifian Adamin Shari Makeria Sharifian Adamin Shari		210	200
Production to the	Party sea 1	Manuscrafter, Ma	_	97.0	No.
Production to the	Party State 1	Many curton house our	_	90.0	1010 1011
-	Party com 1	Name and No. Address that		90.10	80.10
	Party con 1	Nature Statem Aderes State Nature Statem Aderes State	_	903.10 900.10	100
Product too	Party con 1	Makes Darlin Maris Dar Makes Darlin Maris Dar	_	80.0	-
	Party star 1	Manuscraphin American	=	76.07	78.0
Production to an	Party com 1	Manuscrafter, Marco Star		75.00	150
-	Party star 1	Makes tracked Makes that Makes tracked Makes that	_	***	
Product too	Party con 1	Salama Carriero, Salama Carriero	_	97.0	W-6
	Party con 1	Makes tracked bearing that		90.00	18.9
Paulie ner	Party state 1	Name starbin habers our Name starbin habers our		671.00	No.
Paulice ton	Party star 1	Makes tracked Makes that Makes tracked Makes that	_	100.00	100.00
Product new	Participant	Many curton house our	_	100.17	100.0
Paul Contract	Reng man 1	Many curbs have our		100.17	100.0
Parker took	Party State 1	Marie Darbin Marie Dar Marie Darbin Marie Dar		814	NAVE NAVE
Parker has	Parigina 1	Makes tracked feature than Makes tracked feature than		***	10/0
Parker ton	Party con 1	Salaria Danifera Salaria dale	=	***	MATERIAL PROPERTY.
Parker ton	mangamen.	Makes tracked feature that	=		1000
Parket San	name of the contract of the co	Makes the No. Makes that			-
Parker team	Paragrams 1	Many starter, februs star			
				***	100.00
PARTER	Participant	Makes tracked before that			10/10 10/10
Parker too	Party Com. 1	Makes Starten Makes Start Makes Starten Makes Start Makes Starten Makes Start Makes Starten Makes Start		# A A A A A A A A A A A A A A A A A A A	10/10 10/10 10/10
Panish ton Panish ton Panish ton Panish ton	Pump can 1 Pump can 1 Pump can 1 Pump can 1	Makes searcher, Adams sear Makes searcher, Adams sear Makes searcher, Adams sear Makes searcher, Makes sear Makes searcher, Makes sear Makes searcher, Makes sear		10 A 10 A 10 A 10 A 10 A 10 A	60 E
Product too.	Rating State 1	Marine Saurine, Marine Saurine		# # # # # # # # # # # # # # # # # # #	50 (10 m)
Pasition to the Pasition to th	Parting State 1	Materia sian'ilan Adamia sian' Materia sian'ilan Adamia sian'		80 M 180 M 1	65-9 66-9 66-9 66-9 66-9 66-9 66-9 66-9
PARADITATION PARAD	Maring class 1	Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri		60 M	10 mm
	Maring class 1	Makes sechia. Makes sea Makes sechia. Makes se Makes sechia. Makes se		# 10 mm m m m m m m m m m m m m m m m m m	1000 1000 1000 1000 1000 1000 1000 100
PRODUCTION	Marting Steam 1	Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri		20.00	1000 1000 1000 1000 1000 1000 1000 100
PRODUCTION	Amp sect Amp	Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri Salama Sauritan Salama Sauri		10.00 10.00	1000 1000 1000 1000 1000 1000 1000 100
Palacita da Palac	Amp such	Malata Saurika, Malata Saurika Malata Saurika, Malata Saurika		20.00 20.00	2000 2000 2000 2000 2000 2000 2000 200
	Amp such	Makes service Adents star Makes service Adents ser		20.00 20.00	1000 1000 1000 1000 1000 1000 1000 100
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	Song seat 1 Song seat 1 Song seat 2 Song seat 2 Song seat 2 Song seat 3 Song seat 4 Song s	Makes service Adents star Makes service Adents ser			200 200 200 200 200 200 200 200 200 200
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Part	**************************************	*Mary	~	name to r	name to contact
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Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Rating State 1 Rating State 1 Rating State 1 Rating State 1	Many year his falson may be an area for the con- tinuous parties falson may be an area for the con-		11 11 11	
Passing tear	Party start	Many resident description of the control of the con		213 213 214 214	21
Parker has	Party Con 1	Many random feature may before transfer feature may before transfer feature may before transfer feature may		90	93
Planting time	Party Start Party Start Party Start Party Start	Marin continues our Marin continues our Marin continues our Marin continues our		21.0 21.0 21.7 21.7 21.7 21.7 21.7 21.7	96.1 96.5 16.6
Passing Name Passing Name Passing Name Passing Name	Tarris Carris	Many resident description of the control of the con		- 61 117	10.0 10.0 10.0
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Product Note Product Note Product Note	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		21.7 21.7 21.7 21.7	20.3 20.3 20.3
	Party State 1 Party State 1 Party State 1			871 971	201 011
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Many surfactions and Many surfactions and Many surfactions and Many surfactions and		91.0 91.0	100 100 100
Planting from Planting from Planting from Planting from	Family State 1 Family State 1 Family State 1	Many realth facts the		914 914 914 914	100
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Planting Name Planting Name Planting Name Planting Name		Many surface form of		200 200 200 200	93 93
Plantic Passe Plantic Passe Plantic Passe Plantic Passe	Party State 1	Many surfactors our Many surfactors our Many surfactors our Many surfactors our			81
Problem Notes Problem Notes Problem Notes	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		212 212 212	100
Plantic Files	Party start	Many resident description of the control of the con		417	- 10
Plantic Passe Plantic Passe Plantic Passe Plantic Passe	Party State 1	Many surfactors our Many surfactors our Many surfactors our Many surfactors our		217 279 271 271	184 184
Plantic Passe Plantic Passe Plantic Passe Plantic Passe	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		210 210 210 210	200 273 200 200
Paster No.	Party Start 1 Party Start 1 Party Start 1				
Planting News Planting News Planting News Planting News	Family State 1	Many yearles felicing the felicing yearles felicing the felicing yearles felicing the felicing yearles felicing the		910 911 911	- 8
Planting time Planting time Planting time Planting time	Party State 1	Marie Carrier Marie Star Marie Carrier Marie Star Marie Carrier Marie Star Marie Carrier Marie Star		51.0 51.0 51.0 51.0	10.0 10.0 10.0
Panilla Panill	Party State 1 Party State 1 Party State 1	Manus control Manus con- tances control Manus con- tances control Manus con- tances control Manus con-			100
	Family State 1			91.0 60.0 90.0 70.0	
Product Name Product Name Product Name Product Name	Family State 1	Manual Company of the		901 901 901	100
	Fairy out 1 Fairy out 1 Fairy out 1 Fairy out 1			200 200 200 200	201
Plantic Page Plantic Page Plantic Page	Party State 1 Party State 1 Party State 1	Marie surfan Marie sar Marie surfan Marie sar Marie surfan Marie sar Marie surfan Marie sar		201 201 201	88
Plantic Page Page Page Page Page	Party State 1	Many surfactors our Many surfactors our Many surfactors our Many surfactors our		200	100 100 100
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		219 219 219 211 211	200 200 200 200
Passion tools Passion tools Passion tools	Family State 1 Family State 1 Family State 1	Management of the con-		#10 #17	803 207 283
Plantic Page Page Page Page Page	Party State 1	Many surfactors our Many surfactors our Many surfactors our Many surfactors our		21 21 21	50.5 50.1 50.1
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		100 100 100	- E
Planting team Planting team Planting team	Party State 1 Party State 1 Party State 1	Many surfactors our		90.0 90.0 90.0	100 100 100
Place of Section Place	Party State 1 Party State 1 Party State 1	Marie Darkin, Marie Dar Marie Darkin, Marie Dar Marie Darkin, Marie Dar Marie Darkin, Marie Dar		90.7 90.9 91.9 91.9	200
Planting State Planti	Family State 1	Manual State of the Control of the C		- 11	-
Paulice ton Paulice ton Paulice ton Paulice ton	Ratio State 1 Ratio State 1 Ratio State 1	Many surfactors our Many surfactors our Many surfactors our Many surfactors our		70.0 70.0 70.0 70.0	100
Paster No.	Total Inc.	Marin contact form of the contact of		603 603 803	9974 9974 9874
Plantic Page Plantic Page Plantic Page Plantic Page	Party State 1			8.1 8.1	
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		20.1 20.1	10.0
Paulice tons Paulice tons Paulice tons Paulice tons	Ratio State 1 Ratio State 1 Ratio State 1	Many surfactors our Many surfactors our Many surfactors our Many surfactors our		81 81 81	100
Pastici Fass Pastici Fass Pastici Fass	Party State 1	Marin continues our Marin continues our Marin continues our Marin continues our		2H	430 430
Paster ton Paster ton Paster ton Paster ton	Family State 1 Family State 1 Family State 1	Manual Company of the		- 100 100 100	100 100 100 100
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		97.1 97.1	
Planting State Planti	Party State 1 Party State 1 Party State 1	Many surface fallers that Many surface fallers that Many surface fallers that		- 23	90
Plantic P Note Plantic P Note Plantic P Note	Total Cont.	Many surfactions and Many surfactions and Many surfactions and Many surfactions and		81.0 81.0	60
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		#11 #10	100
Planting State Planti	Party State 1 Party State 1 Party State 1	Many surface fallers that Many surface fallers that Many surface fallers that		100	100
Plantic P Note Plantic P Note Plantic P Note	Party State 1 Party State 1 Party State 1	Many surfactions and Many surfactions and Many surfactions and Many surfactions and		600 600	
Pank ran	Family State 2	Marie Darkin Marie Dar Marie Darkin Marie Dar			90.0 90.0
					90.0
Parker took	Party State 1	Marie Carllen Marie Carl Marie Carllen Marie Carl Marie Carlle		-	100
Parker tea.	Party Com. 1	Marie Carllen Marie Carl Marie Carllen Marie Carl			444
Parker land	Party con 1	Manus courtes Americans	=	***	484
Parker took	Party com 1	Marie Carllin Sales Car Marie Carllin Sales Car Marie Carllin Sales	==		484
Parker team	Party Com. 1	Marie Darlin Marie Sar Marie Darlin Marie Sar			10.0
Passing team.	Party com 1	Material State State of State		2.0	
Paulice ton.	Party Com.	Marie Carrier Marie Carrier Marie Carrier Marie Marie Marie Marie Carrier Marie Marie Marie Marie Carrier Marie Mari		***	200 200
Passing team.	Party State 1	Manus Courtes Advers Court Manus Courtes Advers Court		W. II	500
Passicir test.	Party State 1	Makes the No. Makes the Makes the No. Makes the	_	-	100
Product took	Party Com. 1	Marie market Adams our Marie market Adams our	=	***	1000 1000
Parker team	Party Com. 1	Marie Darlin Marie Sar Marie Darlin Marie Sar	_	-	-
Parker tea.	Party com 1	Maria markin Maria Mar Maria markin Maria Mar		80.0	100
Partie see	Party Start	Marie Carllen Marie Carl Marie Carllen Marie Carl Marie Carlle		90.10 p. 1	180
Partie No.	Party State 1	Manus control Adects that Manus control Adects that		20 A	-
Parkir tea	Party State 1	Name and the Address over		9.0	100 100
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Partie and	Rating State 1	Name and the Address of the Address	_	100 m	1001
Parking team.	Party State 1	Manus courtes Americans		18.8	1969
Passing team.	Party com 1	Makes tracked feature that Makes tracked feature that		VI.8	199.0
Parker took	Party Com. 1	Marie Carllen Marie Carl Marie Carllen Marie Carl Marie Carlle		171.0 171.0	1970
Parker too	Party sea 1	Table 1 to Table 1 to 1 to 1		900 900	100
Parkir tea	Party State 1	Marie Carllen Marie Star Marie Carllen Marie Star		100	100 M
Paulice ton	Party Com. 1	Marie market bears our bears market bears our bears market bear	_	***	100.0 100.0
Parker too	Party Com. 1	Salaria con San Salaria dan Salaria con San Salaria dan		#14 #14	M-1
Pasticir test	Party com 1	Material State State of State		9.0	M-1
Partie and	Party State 1	Manuscraphic Manus			90.0 90.0
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Parkerson	And are .	Administration federal dear Administration federal dear		91.0	10.0
Product took	Party con 1	Name and Str. Street and	_	20.0	222
Product took	Party star 1	Manuscraphin American	=	88.77	48.7
Parker see	Party sea 1	Makes tracker, bearing that Makes tracker, bearing that		80.0	1000
Parkerson	Party con 1	Makes tracked feature than Makes tracked feature than	-	ann me	20.0
Parkir tea	Party State 1	Manuscrafter, Marris Star		817	80.7
Pasitives	Party State 1	Malata Statiffen Malata Stati Malata Statiffen Malata Stati	=	84.07	80.0
Parkerson	Party star 1	Many market Marry mar	_	91.00	***
Product took	Party con 1	Name and Str. Street and		90.0	100
Product took	Party con 1	Name and State States and		98.7	10.1
Parker see	Party san 1	Materia Sanchia, Materia Stari Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia	=		100
Parkir tea	Party con 1	Makes tracked hearts that Makes tracked hearts that	_	80.10 80.17	80.0
Product took	Party star 1	Name and State States and			****
Pasitives	Party State 1	Many stacks, Marry Star	=	***	10.0
Pasterna	Party com 1	Nature Statem Aderes State Nature Statem Aderes State		810	100
Participant Control	Party star 1	Manuscraften, Manuscraften	_	85.0	15.0
Product took	Party State 1	Name thereto have now Name thereto have now	=	90.0	16.1
Product took	Party state 1	Makes tracker, bears that Makes tracker, bears that		100.00	100.0
Pasterna	Party con 1	Makes tracked Makes that Makes tracked Makes that	_	101.00	100.00
Product took	Party con 1	Name and Str. Street and		744.00	1988
Product took	Partie State 1	Manuscraphin Marris (sur		****	11818
Parker ton	mang man 1	Maria markin Adams mar Maria markin Adams mar		200	100
Parker tear	and and	Makes Statem Sales State Makes Statem Sales Sales		2.0	
Park to the	Personal Contract	Manuscrafter, Manuscrafter			100
	Paragram 1	Manus Combin Advers Com	=	22	are a
	Party State 1	Administration federal con-		80	NAME OF THE PARTY.
Parker tear	and and	Marie Carlon Sales Sales		200	NAC-04
Parker nor	Party con 1	Materia Siachia, Materia Siaci Materia Siachia, Materia Siaci	=	W/A	NACO NACO
	mangana.	Name and Address than		20	Nac.
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	Party State 1	Makers searche. Makers star Makers searche. Makers sear	=	81.90	100.00
-	Party com 1	Nature Statem Aderes State Nature Statem Aderes State		210	100
Production to the	Party sea 1	Manuscrafter, Ma	_	81.0	20.00
	Party con 1	Makes tracked bearing that	=		
	Party state 1	Makeria Sharifian Adamin Shari Makeria Sharifian Adamin Shari		***	FE-10
	Party con 1	Makes tracked Makes that Makes tracked Makes that	_	89.71	25.0
Production to the	Party State 1	Many market Marris (sar	_	90.0	10.0
-	Party com 1	Name and No. Address that		***	10.0
	Party san 1	Makes tracker, Makes that Makes tracker, Makes that	-	010	100
Parkerson	Party Com. 1	Makes Carrier Makes Carrier		80.0 80.0	10.0
Product have	Party State 1	Adulta Statiffee Adulta Stati Adulta Statiffee Adulta Stati Adulta Statiffee Adulta Stati		91.0 91.0 91.0	50.4 56.6 57.6
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Product Note: Pr	Maring state 1	Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar		201.54 201.65 201.65 201.65 201.65 201.65 201.65 201.65 201.65	8000 8000 9000 9000 9000 9000 9000 8000 8000 8000 8000
	Rating state 1	Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar		100 cm 10	800 m Anno Anno Anno Anno Anno Anno Anno An
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	Seng seat 1	Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar Makana sharibin Adama saar		10.00 10.00	80.00 90.00
	Seng seat 1	Makes searche Meleci de Makes searche Meleci de Meleci de		100 A	80.00 90.00
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	Seng seat 1	Makes service, Merce service, Makes service, Merce		100 A	### A
	Seng seat 1	Makes service, Merce service, Makes service, Merce		2000 2000 2000 2000 2000 2000 2000 200	2000 2000 2000 2000 2000 2000 2000 200
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Planting from Planting from Planting from Planting from	Family State 1 Family State 1 Family State 1			21 21	81 81
Parker has	Ratio State 1	Marin Carlos Marin Car Marin Carlos Marin Car Marin Carlos Marin Car		21 21 21	21 21
Planting from Planting from Planting from	Party State 1	Marin carbo Marin da Marin carbo Marin da Marin carbo Marin da Marin carbo Marin da		201 201 201 201	91
Plantic State	East con .	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		91.0 91.0 91.0	- 100 000
Planting Name Planting Name Planting Name Planting Name	Party State 1 Party State 1 Party State 1	Marin survivo Aducts and Marin survivo Aducts and Marin survivo Aducts and Marin survivo Aducts and		6/1 6/1	100 100 100
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		23 23 23	100 100
Planting from Planting from Planting from Planting from	Family State 1 Family State 1 Family State 1			- 13 13	103 103 103
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Ratio State 1 Ratio State 1 Ratio State 1	Manus con the Manus con Manus con the Manus con Manus con the Manus con Manus con the Manus con		9175 9176 918	60.1 60.5 60.8
Plantic Plant Plantic Plant Plantic Plant Plantic Plant	Party State 1	Marin suchs Marin sor Marin suchs Marin sor Marin suchs Marin sor Marin suchs Marin sor		810 810	10.5 10.5
Plantic Plant Plantic Plant Plantic Plant	Party Coat 1			715 717	20
Planting time				117 117 117	10.7 10.0 10.0
Paster ton	Parameter Comment	Marie Carlos Marie San Marie Carlos Marie San Marie Carlos Marie San		- 11	-
Planting from Planting from Planting from	Party State 1	Marin curtos fabrico dos Marin curtos fabrico dos Marin curtos fabrico dos Marin curtos fabrico dos		50 A	80
Planting time				23 23 23	18.5 18.5
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Plantic Passe Plantic Passe Plantic Passe Plantic Passe	Party State 1	Marin curton facilities and Marin curton facilities and Marin curton facilities and		811	#1
Planting time				91.0 91.0	10.0
Planting State Planti	Party State 1	Marie Carlos Marie Carlo Marie Carlos Marie Carlo Marie Carlos Marie Carlo Marie Carlos Marie		910 910 910	50.5 50.5
Planting State Planti	Party State 1	Marin Carlos Marin San Marin Carlos Marin San Marin Carlos Marin San Marin Carlos Marin San		- 10	- 10
Planting Name Planting Name Planting Name	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		91.0 91.0 91.0	900 900 900
Platfor New Platfor New Platfor New Platfor New	Family State 1	Marie Carlos Marie San Marie Carlos Marie San Marie Carlos Marie San Marie Carlos Marie San		91.7 91.7 91.7 91.8 91.8	E2
Planting State Planti	Party State 1	Marin Carlos Marin San Marin Carlos Marin San Marin Carlos Marin San Marin Carlos Marin San		100	100
	Family State 1 Family State 1 Family State 1	Marie resident Marie Marie Marie Parities Marie Marie Marie Parities Marie Marie Marie Parities Marie Marie		00.0 00.0 00.0	100.00 100.00 100.00
Partie Files	Family con-	Maria Carlo Calco		- 21	
Planting State Planti	Party State 1	Marin Carlos Marin San Marin Carlos Marin San Marin Carlos Marin San Marin Carlos Marin San		211 211	105 105
Plantic Plantic Plantic Plantic Plantic Plantic	Family State 1 Family State 1 Family State 1	Marie resident Marie Mar			100
Passion tools Passion tools Passion tools	Family State 1 Family State 1 Family State 1			- 111 201	10.0 10.0 10.0 10.0
Planting State Planti	Party State 1 Party State 1 Party State 1	Marin survivo Aducts and Marin survivo Aducts and Marin survivo Aducts and Marin survivo Aducts and		219 219 219 219	20
Plantic P Note Plantic P Note Plantic P Note	Total Cont.	Manus con ton Manus con Manus con ton Manus con Manus con ton Manus con Manus con ton Manus con		917 914 914	10.0
Passion tools Passion tools Passion tools	Family State 1 Family State 1 Family State 1			91.0 91.0 91.0 91.0 91.0 91.0	10.5 10.7 10.1
Planting State Planti	Party State 1 Party State 1 Party State 1	Marin survivo Aducts and Marin survivo Aducts and Marin survivo Aducts and Marin survivo Aducts and		- 10	100 177 170
Plantic Page Page Page Page Page	Party State 1	Marin curton facilities and Marin curton facilities and Marin curton facilities and		100 100 100	100
Plantic Plant Plantic Plant Plantic Plant Plantic Plant				90.13 90.23 90.13 90.13 90.13 90.13	10.5 10.5 10.6
Planting team Planting team Planting team	Party State 1 Party State 1 Party State 1	Marin Survivo, Marin Survivo Marin Survivo, Marin Survivo Marin Survivo, Marin Survivo		10.0	100
Public ton	Party State 1	Marin curtos fabrico dos Marin curtos fabrico dos Marin curtos fabrico dos Marin curtos fabrico dos		311 311	100
Product Name Product Name Product Name Product Name	Fatigues 1 Rating line 1 Rating line 1	Marie Carlos Marie San Marie Carlos Marie San Marie Carlos Marie San Marie Carlos Marie San		20 20 20 20	- 100 100
Planting Name Planting Name Planting Name	Party State 1 Party State 1 Party State 1	Marin Survivo, Marin Survivo Marin Survivo, Marin Surv Marin Survivo, Marin Survivo		27 27 27	20
Plantic P Note Plantic P Note Plantic P Note	Party State 1 Party State 1 Party State 1	Marin Darkin, Marin Dar Marin Darkin, Marin Dar Marin Darkin, Marin Dar Marin Darkin, Marin Dar		201 201 201	201 201
Paster ton Paster ton Paster ton Paster ton	Family State 1 Family State 1 Family State 1	Manual Complete Company of the Compa			000 000 000
Paulice tons Paulice tons Paulice tons Paulice tons	Ratio State 1 Ratio State 1 Ratio State 1	Manus con the Manus con Manus con the Manus con Manus con the Manus con Manus con the Manus con		917 917 917	60.0 60.0 60.0
Plantic Page Plantic Page Plantic Page	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Mar Marie Carlos Marie Mar Marie Carlos Marie Mar Marie Carlos Marie Mar		96.0	103
Plantic Plantic Plantic Plantic Plantic Plantic Plantic Plantic	Family State 1	Manual Company of the		- 10 - 10 - 10 - 10	10.3
Paulice tons Paulice tons Paulice tons Paulice tons	Ratio State 1 Ratio State 1 Ratio State 1	Manus con the Manus con Manus con the Manus con Manus con the Manus con Manus con the Manus con		511 511 511	75.0 70.0 70.0 50.0
Pastic Pass Pastic Pass Pastic Pass	Tarris Carris	Many resident Ma		20 B	12.0 12.0 13.0
Plantic Plantic Plantic Plantic Plantic Plantic Plantic Plantic	Family State 1	Manual Company of the		990 990 900	100
Planting Name Planting Name Planting Name	Party State 1 Party State 1 Party State 1	Marin Survivo, Marin Survivo Marin Survivo, Marin Surv Marin Survivo, Marin Survivo		90.0 90.0 90.0	1000 1000 1000
Paulice see	Party State 1	Marin suchs Marin son Marin suchs Marin son Marin suchs Marin son	-	10.7 10.7	100
Paulice teat	Party State 1	Many ranks have no		80.70	10.1
Provider took	Party Com. 1	Many parties below the Many parties below the		90.70	10.7
Partie see	Party Start	Many market bearing our Many market bearing our Many market bearing		90.00 pr. 1	96-10 por 10
Partie No.	Party State 1	Manuscrafter, Ma		***	***
Parking team.	Party State 1	Many parties before the			10.0
Plantier took	Party State 1	Marie market februs mar Marie market februs mar			
Paulice ton.	Party State 1	Many curbs been not	=		2000 2000 2000
Paulice team.	Party State 1	Manus curbo Marco dar Manus curbo Marco dar			
Passing team.	Participant 1	Many parties bearing the Many parties bearing the	=	97.0	174
Passing team.	Party State 1	Manuscriptor States and	_		90.0 90.0
Passing team.	Party State 1	Marie Parito Marie Sar Marie Parito Marie Sar		90.70	
Product took	Party Com. 1	Many parties before the		-	100
Panish rate.	Party Star 1	Manus star No. Marco star Manus star No. Marco star			***
Parities and	Party State 1	Many purity, Many the Many purity, Many the Many purity, Many	=	710	700
Parker team	Party Com. 1	Manus control Manus con Manus control Manus con		-	***
Parker tea.	Party com 1	Many parties bearing the Many parties bearing the			500
Parker took	Party State 1	Marie Carller Services			***
Partie See	Family State 1	Manuscraft	=	W.0	
Parker team	Party Com. 1	Manus contract description of the contract of		100.0	100
Parking team.	Party State 1	Manus market Manus man Manus market Manus man		111.00 500.00	1000
Pasticir test.	Party com 1	Many parties below that Many parties below that		98.75	1900
	Party State 1			100 m	400
Parker too	Amag seat 1				
Partie tea	Party State 1	Manus market Manus mar Manus market Manus mar		***	
Page 100	Participation 1	Many purity bears our	=		
Parker has	Party State 1	Manuscript	=	#10 #10	
Pasitive team	Party State 1	Marie Paritie Marie Sar Marie Paritie Marie Sar		84.75	10/1
Panis res	Party State 1	Many parties below that Many parties below that		10.75 10.75	10.5
Patterna		Mari Dalla Mari Da			10/7

Partie France	Participant	Administration federal dear Administration federal dear		200	20.00 20.00
Participan	Party con 1	Makes the No. Makes the Makes the No. Makes the		2.0	20.00
Parkir tea	Party con 1	Manuscrafter, Ma	_	200	AP.40
Participana Participana	Party con 1	Malata Statiffen Malata Stati Malata Statiffen Malata Stati	=	818	A14
Parking	Party com. 1	Many stacks, Marry Star		#1.00	
Product took	Party con 1	Makes tracker, bearing that		411	10.0
Product too	Purisions 1	Makes tracked Makes that Makes tracked Makes that	_	98.75	56.7
Product took	Party Com. 1	Name and No. Address that	=		u-a
Parkirtus	Party con 1	Many stacks, Marry Star		91.0	10.0
Participan	Rating tree 1	Nature Statem Aderes State Nature Statem Aderes State		90.0	100
Parkir tea	Party con 1	Name and Str. Street and	_		10.0
Participant Communication of the Communication of t	Party con 1	Materia Sanchia, Materia Stari Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia	_	76.0	760
Product took	Party state 1	Makes tracked bearing that		20.0	150
Parkirtus	Party con 1	Manuscrafter, Marco Star		84.0	48.7
Product took	Party con 1	Makes tracker, bears that Makes tracker, bears that		97.70	90.0
Product too	Party can 1	National State Print, Subject to State National State Print, Subject to State	_	91.0	10.0
Parkir tea	Party con 1	Name and Str. Street and	_	100.00	190.0
Participana Participana	Party con 1	Manuscraphin American	=	191.00	100.00
Parking	Party state 1	Many stacks, Marry Star	=	100,00	1110
Product took	Party con 1	Makes tracker, bearing that		100	1100
Paster tea	Marry State 1	Makers tracked fellows that			100
THE PARTY NAMED IN	Party con 1	Makes Starten Sales Starte			10.0
	Rating State 1	Makes the No. American	=		100
	Party State 1	Makes that his fallent that	=		10.0
Parker ser	Party Com 1	Salama State State Salama State Salama State State Salama State		80.00	10.00
Page 100	Purision 1	Salaria Carriera Salaria Carriera Carri	=		10 to
Table 100	Party sea 1	Materia Siachia, Materia Siaci Materia Siachia, Materia Siaci	=	8.0	No.
	Party Com. 1	Manus Carrier Sales Sales	=		-
	many one "	Makes tracked federal trac		8.0	No. 10
	Party con 1	Makes tracker, bears that Makes tracker, bears that		97.00	1770
	Party can't	Makes tracked Makes that Makes tracked Makes that	-	95.0	M1-00
	Party con 1	Natura State No. Natura State	_	#1.10 #1.00	AR-10
Partie No.	Party con 1	Many curton house our	_	810	A650
	mangament.	Makers searche. Makers star Makers searche. Makers sear			ARIN
Parking Name	Party con 1	Many stacks, Marry Star		***	A1170
	Participant	Administration federal dear Administration federal dear	_	A1.0	AND AND
	Party can't	Makeria Sharifian Adamin Shari Makeria Sharifian Adamin Shari	_	90.0	10.0
	Party con 1	Makes Statem Makes State Makes Statem Makes State		***	10.00 10.00
Parket No.	Party con 1	Makes the No. Makes the	=	***	1770
Partie No.	Party con 1	Makes the No. Makes the Makes the No. Makes the		800	10.0
	Party State 1	Makes tracked bearing that	=	86.07	Barri .
-	Party com.	Many stacks, Marry Star	=	94.9	18.5
-	Reng court	Nature Statem Aderes State Nature Statem Aderes State		***	102
	Partition 1	Makes tracked Makes that Makes tracked Makes that	_	***	200
	Party con 1	Name and Str. Street and		90.70	10.70
	Party can 1	Name starbin habers our Name starbin habers our			150
-	Party con 1	Many stacks, Marry Star		100.00	100.00
-	Range out 1	Nature Statem Aderes State Nature Statem Aderes State		100.00	100.0
740710	Marry Coa 1	Natura star Non-Natura star Natura star Non-Natura star Natura star Non-Natura star		81.9	100.0
Product too	Party com 1	Marie Darlin, Marie Dar Marie Darlin, Marie Dar	_	81.9	10/0
Parker tea	Party can 1	Salara Darbin Salara Dar		81.50 81.50	50/W
Page 100	Rating State 1	Name and Address than			100
Parkerson	Party State 1	Makes that his fallent that		W. W.	1700
Padicress	Party Com 1	Salama State State Salama State Salama State State Salama State		F1.00	19.00
Paster tea	Puriques 1	Makes search, Makes sea Makes search, Makes sea		m.u	171.00 171.00
Parker tess	Party Coa 1	Makes tracked bears than	=	F1.00	1700
Parker too	Party sea 1	Manus Carries Sales Carries Ca	=	P. 0	15.0
7407	Party Com. 1	Manus Carrier Sales Con-	=		-
Parker tea	Party State 1	Makes tracked fellows that	_	80	20.70
Patterna	Party sea 1	Makes that his fallent that	=		18.0
Padiring	Party Com 1	Natura starbin bilance star Natura starbin bilance star		80.00	- ALC:
Planter too	Party can 1	Marie Carlin Marie Car Marie Carlin Marie Car		2.0	2000 2000
Parker tess	Party Coa 1	Makes tracked feature than Makes tracked feature than	=	20.00 Al-10	12.0
Page 100	Party Com 1	Makes Starter Starts Start Makes Starter Start		90.70	10.0
Product too	Party con 1	Manus sourher, Mauric star Manus sourher, Mauric star Manus sourher, Mauric star	=	93.0	100
	Party Con 1	Natura star No. Natura star Natura star No. Natura star Natura star No. Natura star	=		-
Parker too	Party Com. 1	Name and Str. Sales and		80.00	
Parker too	Party Com.	Marie Sarbin Marie Sar Marie Sarbin Marie Sar	_	N. II	100
Paddirton	Party Com. 1	Makes tracked federal than Makes tracked federal than	_	70.0	70.0
Paster tea	Puriques 1	Makes the No. Makes the Makes the No. Makes the			***
Parker tess	Party Coa 1	Makes tracked bears than	=		***
Parker ton	Party Com 1	Season standard from the	_	W. 10	70.00 West
Page 100	Rating State 1	Name and Address than			
Parker too	Party Com.	Administration follows that Administration follows that		100.00	100.00
Page 100	Party Com. 1	Makes tracked federal than Makes tracked federal than		****	177.00
			_		
Patertes	Party State 1	Many Darlin Steel line		****	177.00

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Part .	Managara Africa	Total C	~	name to r	Annual Securitary
Annual Particularies at	Annual Contract of the last of	Transcription of the later of t	boards up or administration or pro-	Andrew Control of the	Andreas de Constitue de la con
Plantie Plantie	Party start Party start Party start	Many resident Many man Many resident Many man Many resident Many man		20	151
Parker for	Ratio State 1	Many control days not been control days not been control days not		- 20	100
Paulice No.	Party State 1 Party State 1 Party State 1	Many control factor may be an out to be to the beat out to be to the		- 11	-
Paulice sur-	Range trans	Marie Carrier Marie Carrier Ca		- 100 - 100	100 100
Parker has Parker has Parker has	Party State 1 Party State 1 Party State 1	Many resident feature for Many resident feature for Many resident feature for		975	100 100 100
Plantie Fisher Plantie Fisher Plantie Fisher	Ratio State 1 Ratio State 1 Ratio State 1	Marie Darkin Marie Dar Marie Darkin Marie Dar Marie Darkin Marie Dar Marie Darkin Marie Dar		- 11	100 100 100 100 100 100 100 100 100 100
Plantic Page Plantic Page Plantic Page	Party Start Party Start Party Start Party Start	Marin courter, falore cour Marin courter, falore cour Marin courter, falore cour Marin courter, falore cour		20	10
Plantic Page Plantic Page Plantic Page	Party State 1 Party State 1 Party State 1	Marie star for false star Marie star for false star Marie star for false star Marie star for false star		20	120
Plantic State Plantic State Plantic State	Party Start Party Start Party Start Party Start	Marie suchin faces our Marie suchin faces our Marie suchin faces our Marie suchin faces our		11.0 11.0 11.0 11.0 11.0	0.0 0.0
Passing team	Rating than 1 Rating than 1 Rating than 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		910 910	100 100 100
Plantic Plant Plantic Plant Plantic Plant	Party State 1 Party State 1 Party State 1	Marin suchin Marin star Marin suchin Marin star Marin suchin Marin star Marin suchin Marin star		212	202
Plantic Files	Employed Employed	Manual Control of the		91.0 91.0 91.0	- 10
PARTY NO.	Party con 1 Party con 1 Party con 1	Marie I au Ven Vale - I des Marie I au Ven Vale - I de Marie I au Ven Vale - I de		417 417 417 417	
Parallel State	Part of the Control o	Marie surface form or Marie surface form or Marie surface form or		- 11	
PROBLEM NOW PROBLEM NOW PROBLEM NOW		Many reaction federal reaction of the control of th	=	20.0 20.0 20.0 20.0	1815
Plantic Plant Plantic Plant Plantic Plant Plantic Plant		Many resident description of the control of the con		20	- 10
Plantic Plant Plantic Plant Plantic Plant	Tangan .	there exists the re-		813 813 913	83
PROBLEM NOW PROBLEM NOW PROBLEM NOW		Many reaction federal reaction of the control of th		901 901	011 011
Planting States Planting States Planting States Planting States	Family State 1	Marie Carrier Marie Star Marie Carrier Marie Star Marie Carrier Marie Star Marie Carrier Marie Star		-	60
Passing Name Passing Name Passing Name	Total Cont.	Makes market fellow the Makes market fellow the Makes market fellow the Makes market fellow		-	100
Planting News Planting News Planting News	Fairg con 1 Fairg con 1 Fairg con 1	Many market fellow the Many market fellow the Many market fellow the	==	- 45	703
Planting Name	Party State 1 Party State 1 Party State 1	Manus combine federal star Manus combine federal star Manus combine federal star Manus combine federal		911	953 953
Planting Name Planting Name Planting Name Planting Name	Family State 1	Many market fellow the Many market fellow the Many market fellow the		97.9 97.9 19.9	100 100 100
Panilla Panill	Party Start 1 Party Start 1 Party Start 1	Many purior fallent the fallent purior fallent the fallent purior fallent the		100 A	983
Passing Name Passing Name Passing Name	Tangana :	Many parties bearing the bearing parties bearing the bearing parties bearing the		100	100
Partie Partie	Rating State 1 Rating State 1 Rating State 1	Marie Carlos Marie Sar Marie Carlos Marie Sar Marie Carlos Marie Sar Marie Carlos Marie			
Planting Name Planting Name Planting Name		Marin Carlon Marin Mar Marin Carlon Marin Mar Marin Carlon Marin Mar Marin Carlon Marin Mar		200	50
Planting Name Planting Name Planting Name	Party Star 1 Party Star 1 Party Star 1			- 51	
Public Sen	Party Start Party Start Party Start Party Start	Marie suchin faces our Marie suchin faces our Marie suchin faces our Marie suchin faces our		27 27 28 28	100
Parker tem	Rating than 1 Rating than 1 Rating than 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car			27.0 10.1
Paulice San	Party State 1 Party State 1 Party State 1	Material Program States of the Material Program States of the Material Program States of the Material Program States of the		51 51	100
Parker tem	Rating than 1 Rating than 1 Rating than 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		911 911	
Paulice See	Party State 1 Party State 1 Party State 1	Marie surfan Marie sar Marie surfan Marie sar Marie surfan Marie sar Marie surfan Marie sar		90 9 90 9 90 9 90 9	90.0 70.0
Parker has	Party Con 1 Party Con 1 Party Con 1	Marie Carlos Marie Star Marie Carlos Marie Star Marie Carlos Marie Star		20 20	974 971
Parker tem	Rating than 1 Rating than 1 Rating than 1	Marie Carrier Marie Marie Marie Carrier Marie Marie Marie Carrier Marie Marie Marie Carrier Marie Marie		90.7 90.7	20.0 20.0
Paulice See	Party State 1 Party State 1 Party State 1	Makasin sauchin Alamin sauchan Alamin sauchan Alamin sauchan Alamin sauchan Alamin sauchan Alamin sauchan sauch sauchan sauch sa		98.77 98.07 98.07 98.08 98.18 98.18 78.18 78.18	100
Parallel San		Manual Control of the		9114 9114 9114	90
Page 7 to	Paragrams 1	Marie sur his higher than Marie sur his higher than Marie sur his higher than		910	913 731 731
Parker See	Party State 1 Party State 1 Party State 1			91	
Parker New Parker New Parker New	Party Coat 1	Many random feature man Many random feature man Many random feature man Many random feature man		87	903 903
Paulice tons	Party State 1 Party State 1 Party State 1	Many suchs form our Many suchs form our Many suchs form our		417 417 417	80.7 80.7 80.7
Public No.	Party State 1	Marie Carrier Marie Carrier Ca		80	#10 #10
Paulice tons	Party State 1 Party State 1 Party State 1	Many suchs form our Many suchs form our Many suchs form our		- 100 100 100	90 90 90
Public State	Party Start Party Start Party Start Party Start	Marin courter, falore cour Marin courter, falore cour Marin courter, falore cour Marin courter, falore cour		0.5 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	0.1 0.1
Public Form	Party State 1 Party State 1 Party State 1	Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car Marie Carlos Marie Car		810	450 1013
Parker ton	Rating tree 1 Rating tree 1 Rating tree 1	Marie Carrier Marie Marie Marie Carrier Marie Marie Marie Carrier Marie Marie Marie Carrier Marie Marie		910 910 910 910	75.5 75.7 75.7
Paulice See	Party State 1 Party State 1 Party State 1	Marie surfan Marie sar Marie surfan Marie sar Marie surfan Marie sar Marie surfan Marie sar			10.0 10.0 10.0 10.0 10.0
Paster ten	Party Con 1 Party Con 1 Party Con 1	Marie Carlos Marie Star Marie Carlos Marie Star Marie Carlos Marie Star		100	179.3
Parallel State		Marie Carrier Marie Carrier Ca		190.7 100.0	1000 1700 1700 1700 1700 1700 1700 1700
Plantic Plantic Plantic Plantic Plantic Plantic	Party State 1	Marie Carrier Sales Sales Sales Carrier Sales Sales Sales Carrier Sales Sales Sales Carrier Sales Sales		100	-
	Party Inc. 1	Makes tracker have a star		-	
Passing team	Party State 1	Marie Carllin Marie Car Marie Carllin Marie Car	=	-	-
Parker too.	Rang Start	Manuscraphic Manus		-	
Planting team.	Party Star 1	Manus courtes Americans		***	-
Plantic Plant	Party Star 1	Marie Carllen Aderes Star Marie Carllen Aderes Star		84.0	
Plantic or Name.	Rating Stee 1	National State Color of State		80.0	-
Parker took	Party State 1	Marie Carllen Adecis Cor Marie Carllen Adecis Cor		80.7	200
Plantic Page	Annual cont.	Marie Staffer Marie Staff Marie Staffer Marie Staff		#10	A10.7
Planting team.	Party Start	Marie Carllin Marie Car Marie Carllin Marie Car	=	-	981
Provided took	Party Com. 1	Manuscraft American Manuscraft American Manuscraft American	=		100
Paulice test.	Party State 1	Manus market Americans	=		100
Product took	Party State 1	Nature tracket feature that	=	90.0	550
Provided took	Party State 1	Makes the San Makes that	==		-
Plantic Plant	Party State 1	Material Parks Advers that Material Parks Advers that		-	-
Paster tea.	And one .	Marie Carllen Adecis Cor Marie Carllen Adecis Cor	=	200	-
Plantie rest.	Party Com. 1	Matte market Adams our Matte market Adams our		ALC:	700
Paulici task	Party State 1	Marie Carllin Marie Car Marie Carllin Marie Car	=	-	880
Provided State	Party Com. 1	Manus market feature star	=		900 900
Provided Name	Party Com. 1	Manuscraft American Manuscraft American Manuscraft American	_		-
Pasticir team.	Party State 1	Name and the Address of the		10.0	1000
Passing team.	Party State 1	Manus courtes Adenie cour Manus courtes Adenie cour		100.70	1000
Pasticir test.	Party State 1	Manus courtes Americans		100.0	100.0
Plantic Plant	Party State 1	Material Parkin Adams (Sar Material Parkin Adams (Sar		-	100.0
Plantic Plant.	And one c	Maria markin Adams mar Maria markin Adams mar		100.00	100.0
Panis Pan	Rang man 1	tana and a tana an	_	***	
Plantic Prints	Participation 1	Marie Sachin Marie Sac Marie Sachin Marie Sac	_		-
Paritie ress	Party State 1	Manuscripton Manuscripton Manuscripton Manuscripton Manuscripton	=		_
Product took	Party Com. 1	Manuscraphic Advanced in a	=	200	-
Pastic rese	Party State 1	Name and the Address of the	=		-
Parities took	Party State 1	Manus courtes Adenie cour Manus courtes Adenie cour			
Participant	Making time 1	Many Carlos Services		***	

Parkerson	And are a	Administration federal dear Administration federal dear		#1.07 #1.77	210F
Parkir tea	Party con 1	Name and Str. Street and	_	***	-
Pastic tea	Party star 1	Manuscraphin American	=	***	70.0
Product too	Party san 1	Makes tracker, bears that Makes tracker, bears that		80.0	457
Participan	Party con 1	Makes tracked hearts than Makes tracked hearts than	-	87.0	AP-10
Participant Participant	Party State 1	Manuscrafter, Marris Star		95.0	10.0
Participan	Party State 1	Malata Statiffen Malata Stati Malata Statiffen Malata Stati	=	90.00	9.0
Parkirtus	Party con 1	Makes tracked Makes that Makes tracked Makes that	_	***	10.0
Partie tea	Party con 1	Name and Str. Street and		90.0	90.0
Parking	Party star 1	Manuscraphin Marris (sur			10.0
Product too	Party sea 1	Makes tracked bearing that	=		10.0
Participant Participant	Party con 1	Makes tracked hearts than Makes tracked hearts than	_	70.10 70.07	70.0
Pastic tea	Party star 1	Name and State States and		***	10.0
Pasitives	Party State 1	Materia Sanchia, Materia Stari Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia Materia Sanchia, Materia Sanchia	=	800	Arre
Pasterna	Party com 1	Nature Statem Aderes State Nature Statem Aderes State		810	80.0
Participan.	Party star 1	Manuscraphin Marris Dar	_	977	100 M
Product took	Party seas 1	Name thereto have now Name thereto have now	=	801.00	100.00
Product took	Party state 1	Makes tracker, bearing that Makes tracker, bearing that		101.0	THE REAL PROPERTY.
Parkirtus	Party con 1	Makes tracked Makes that Makes tracked Makes that	_	190.00	1900
Partie tea	Party con 1	Name and Str. Street and		90.00 90.00	1000
Product took	Partie State 1	Manuscraphin Marris (sur		64.6	1910
Parker ton	Party con 1	Administración Administración Administración Administración		90.00	10.0
Parker ton	and and	Makes Starten Sales Start Makes Starten Sales Start		95.00	18.0
Park I I I	Personal Contract	Manuscrafter, Marco Star		95.75	16.6
-	Paragram 1	Manus Combin Advers Com	=	95.0	16.0
-	many man 1	Administration federal law		847	50.0 80.7
Parker too	And ser.	Administration federal course	=	847 847	200.0 200.0
Parker nor	Party con 1	Materia Siachia, Materia Siaci Materia Siachia, Materia Siaci	=	#4.71 #4.71	March 1
	mangana.	Name and Address than		200	-
Parket No.	Amplica.	Makes tracked federal than Makes tracked federal than		B17	90.0
Parker have	Party con 1	Name and Str. Street and	_	80.17	10.0
	Party star 1	Name and State States and	=		10.00
	Party State 1	Makers searche. Makers star Makers searche. Makers sear	=	***	2778
	Party com 1	Nature Statem Aderes State Nature Statem Aderes State		87.0	200
Parties and	Party sea 1	Manuscrafter, Manuscrafter, Manuscrafter, Manuscrafter	_	200	AP-0
	Party con 1	Makes tracked bearing that	=	80.00	-
	Party state 1	Makeria Sharifian Adamin Shari Makeria Sharifian Adamin Shari			
	Party con 1	Makes tracked Makes that Makes tracked Makes that	_	90.00 90.00	50.0
Parker have	Party con 1	Name and Str. Street and		90.0	No.
	Party star 1	Name and State States and		40.0	100.0
Page 100	Party sea 1	Name and Street Co.	-		101
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State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Supporting Document Schedules

Supporting Bootiment of		
Bypassed - Item:	Actuarial Justification	
Bypass Reason:	This is not a new form filing.	
Attachment(s):		
Item Status:		
Status Date:		
Satisfied - Item:	Actuarial Memorandum	
Comments:		
Attachment(s):	DC_SG_State_Actuarial_Memo_1Q2020_ALIC.pdf DC_SG_State_Actuarial_Memo_1Q2020_ALIC_IVL.pdf	
Item Status:		
Status Date:		
Satisfied - Item:	Actuarial Memorandum and Certifications	
Comments:		
Attachment(s):	DC_SG_77422_URRT_Part_III_Memo_and_Cert_ALIC_2020.pdf DC_SG_77422_URRT_Part_III_Memo_and_Cert_ALIC_2020_Redacted.pdf DC_SG_77422_URRT_Part_III_Memo_and_Cert_ALIC_2020_IVL.pdf DC_SG_77422_URRT_Part_III_Memo_and_Cert_ALIC_2020_IVL_Redacted.pdf	
Item Status:		
Status Date:		
Bypassed - Item:	Certificate of Authority to File	
Bypass Reason:	The filing is made by Aetna.	
Attachment(s):		
Item Status:		
Status Date:		
Satisfied - Item:	Consumer Disclosure Form	
Comments:		
Attachment(s):	DC_SG_77422_URRT_Part_II_Consumer_Disclosure_ALIC_2020.pdf DC SG -ALIC Part II Consumer Disclosure 1Q2020 IVL.pdf	
Item Status:		
Status Date:		
Satisfied - Item:	Cover Letter	

SERFF Tracking #: AETN-131944476 State Tracking #: Company Tracking #: DCALICSG2020 Aetna Life Insurance Company State: District of Columbia Filing Company: TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only DC ALIC PPO SG 2020 Product Name: Project Name/Number: 2020 Exchanges - Aetna/ALIC **Comments:** DC SG SHOP Cover Letter - ALIC 1Q20 IVL.pdf Attachment(s): DC SG SHOP Cover Letter - ALIC 1Q20.pdf Item Status: Status Date: Satisfied - Item: **DISB Actuarial Memorandum Dataset** Comments: DISB Actuarial Memo Dataset ALIC 2020 IVL.xlsx Attachment(s): DISB Actuarial Memo Dataset ALIC 2020.xlsx **Item Status:** Status Date: Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C) **Bypass Reason:** This is not a P&C filing. Attachment(s): Item Status: **Status Date:** Bypassed - Item: District of Columbia and Countrywide Loss Ratio Analysis (P&C) Bypass Reason: This is not a P&C filing. Attachment(s): **Item Status:** Status Date: Satisfied - Item: Unified Rate Review Template Comments: DC_SG_77422_URRT_COMBINED_1Q2020_v1.pdf DC_SG_77422_URRT_COMBINED_1Q2020_v1.xlsm Attachment(s): DC SG 77422 URRT ON 1Q2020 v1 IVL.pdf DC SG 77422 URRT ON 1Q2020 v1 IVL.xlsm Item Status: Status Date: District of Columbia Plain Language Summary Satisfied - Item: Comments: DISB Plain Language Summary - ALIC - 1Q2020.pdf Attachment(s): DISB Plain Language Summary - ALIC - 1Q2020 IVL.pdf

Item Status:

District of Columbia Filing Company: Aetna Life Insurance Company State: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: DC ALIC PPO SG 2020

TOI/Sub-TOI:

Project Name/Number: 2020 Exchanges - Aetna/ALIC

Status Date:	
Satisfied - Item:	Additional Supporting Documentation
Comments:	
Attachment(s):	ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020.pdf 2020Aetna AVCCert Template_DC_ALIC.pdf DISB Filing Checklist - ALIC 2020.pdf Exhibit 12 - ALIC Key Factors.pdf Exhibit A-1 - ALIC Rate Change by plan.pdf Exhibit A-2_DC_SG_77422_AV_Screenshots_2020.pdf ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020 IVL.pdf DISB Filing Checklist - ALIC 2020 IVL.pdf Exhibit 12 - ALIC Key Factors IVL.pdf Exhibit A-1 - ALIC Rate Change by plan IVL.pdf Exhibit A-2_DC_SG_77422_AV_Screenshots_2020.pdf DC_SG_77422_ComponentsOfIncreaseALIC.pdf
Item Status:	
Status Date:	

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Attachment DISB Actuarial Memo Dataset_ALIC_2020_IVL.xlsx is not a PDF document and cannot be reproduced here.

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Attachment DC_SG_77422_URRT_COMBINED_1Q2020_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_SG_77422_URRT_ON_1Q2020_v1_IVL.xlsm is not a PDF document and cannot be reproduced here.

Aetna Life Insurance Company – District of Columbia 1Q20 Filing - Small Group Business HIOS product ID: 77422DC011 Actuarial Memorandum

Statement of Purpose for Filing

This actuarial memorandum supports Aetna Life Insurance Company commercial base rates for District of Columbia small groups effective beginning January 1, 2020. The purpose of this memorandum is to comply with the District of Columbia, Department of Insurance, Securities and Banking, Health Insurance Rate Filing Procedures and to provide adequate supporting information for our proposed rates pursuant to the DC Official Code, Title 31, Subtitle IV, Chapter 34.

The requested rates have been developed incorporating consideration of the market changes and rating requirements taking effect in the Small Group market pursuant to the Patient Protection and Affordable Care Act of 2010 and subsequent regulation. They are compliant with all rating limitations under federal and state regulation. The plan designs contained in this submission are to be sold on the Exchange.

The descriptions and analyses presented in this rate filing reflect our current understanding of regulations and guidance. As further guidance is received, we reserve the right to submit revisions or withdraw this rate filing.

Summary of Changes from prior filing and rate manual

We are proposing to revise the quarterly premium rates for effective dates from January 1, 2020, through December 31, 2020. The quarterly rate increases are reflected in Exhibit 7. Generally, rate changes do not vary by plan design, with the exception of the impact associated with plan-specific benefit modifications necessary to comply with Actuarial Value requirements.

Rates for the plans in this submission are being revised to reflect 1) the impact of updated experience data and medical claim trend and 2) changes in cost-sharing levels to ensure that plans comply with Actuarial Value requirements.

There are no other proposed changes for this submission.

Form Numbers

An exhibit showing the Form Numbers is shown on under the "Certificate of Form Names and Numbers" Exhibit of this Actuarial Memorandum.

Status of Forms

The forms for this submission are "open to new sales" and "non-grandfathered".

Description of Benefits/Metal Levels and Actuarial Values

This filing covers PPO group medical benefit coverage. The range of coverage includes inpatient, outpatient, primary care, specialist services, pharmacy, DME, and vision. Information on the cost-sharing parameters of the covered benefit plans, including deductibles and copays, can be found in the Schedule of Benefits in the Form filing (AETN-131865366). All benefits are compliant with state mandates and the requirements of the Patient Protection and Affordable Care Act of 2010, including preventive care benefits, deductible limits, and Actuarial Value requirements.

Exhibit A shows the metal level and actuarial value for each plan design using the AV calculator developed and made available by HHS.

Average Rate Increase Requested

The following tables provide the requested weighted average increases. The first table shows the incremental increase and the second table shows the year over year increase.

	1Q20/4Q19	2Q20/1Q20	3Q20/2Q20	4Q20/3Q20
Incremental Rate Increase	-4.91%	2.95%	2.95%	2.95%

	1Q20/1Q19	2Q20/2Q19	3Q20/3Q19	4Q20/4Q19	Average
Requested Rate					
Increase	5.51%	4.92%	4.33%	3.75%	5.02%

Maximum Rate Increase Requested

The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rate factors is 20.98%. This rate increase applies to members renewing in 1Q20 for the DC Silver DC Bronze OAEPO 6000 80% \$15/50 E plan (HIOS ID 77422DC0110001).

Minimum Rate Increase Requested

The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rate factors is -2.44%. This rate increase applies to members renewing in 1Q20 for the DC Gold OAEPO 1500 90% E plan (HIOS ID 77422DC0110002).

Absolute Maximum Premium Increase

The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes like aging, is 32.24%. This rate increase applies to members renewing in 1Q20 for DC Bronze OAEPO 6000 80% \$15/50 E plan (HIOS ID 77422DC0110001) that age up from 20 to 21.

Average Renewal Rate Increase for a Year

The average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing is 5.02%

Rate Change History

The rate change history for the forms referenced in the filing is shown below.

Rate Effective Date	Annual Total Change
4Q18	6.4%
1Q19	8.8%
2Q19	9.7%
3Q19	10.7%
4Q19	11.7%

Exposure

The current exposure as of December 2018 is 69 policies, 449 certificates, and 711 covered lives.

Member Months

The numbers of members in force during each month of the base experience used in the rate development and for the preceding 12 month period for the forms referenced in this filing are shown in the Loss Ratio History Exhibit of the Actuarial Memorandum.

Past Experience

The monthly earned premium and incurred claims for the base experience period used in the rate development and for the preceding 12 month period for the forms referenced in this filing are shown in the Loss Ratio History Exhibit of the Actuarial Memorandum.

Index Rate

The index rate = \$587.82.

Rate Development

Determination of Claim Portion of Market Index Rate

In setting the projected claim level in the market in 2020, we based our projections upon the 2018 experience of our current ACA small group block of business for Innovation Health Plan, Inc. and Innovation Health Insurance Company, in the 2-50 market. The experience data utilized in the rate development reflects incurred claims from January 1, 2018 to December 31, 2018 and paid through February 2019. This manual experience is the HMO Small Group Experience for Innovation Health Plan, Inc. and PPO Small Group Experience for Innovation Health Insurance Company in Northern Virginia.

The manual experience used to develop the rates is shown below:

DOS	Membership	Claims	Premium *	Loss Ratio
01/01/2018	13,992	3,931,541	6,115,969	64.28%
02/01/2018	13,476	3,851,824	5,924,396	65.02%
03/01/2018	12,992	3,499,803	5,745,034	60.92%
04/01/2018	12,183	3,373,125	5,419,071	62.25%
05/01/2018	11,525	3,603,869	5,151,369	69.96%
06/01/2018	10,635	3,664,768	4,799,901	76.35%
07/01/2018	9,984	3,093,389	4,549,470	67.99%
08/01/2018	9,494	3,603,007	4,341,772	82.98%
09/01/2018	8,435	2,546,045	3,926,947	64.84%
10/01/2018	7,437	2,879,459	3,476,116	82.84%
11/01/2018	6,954	2,342,198	3,254,322	71.97%
12/01/2018	3,867	960,037	1,951,448	49.20%
Total	120,974	37,349,065	54,655,817	68.34%

^{*}Note: Premiums shown are not risk adjusted. The current estimate of the 2018 risk-adjusted loss ratio is 71.1%.

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

As noted above, the experience period reflects one month of paid claim run-off. The IBNP reserves account for approximately 0.78% of the experience period incurred claims.

For the projection, the following was taken into consideration:

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for policies issued to small employers in 2017 and 2018. We considered the expected relationships between the morbidity of the experience policies and the likely population that will be covered by Small Group Single Risk Pool policies in 2020.

B. Changes in Benefits:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts.

<u>Determination of Retention Portion of Market Index Rate</u>

The retention portion of the projected premium is illustrated in Exhibit 5.

The prospective general and administrative expenses are based on historical corporate small group market expense levels, current-year projections, and projected changes in expenses, inflation, and membership for 2020. The commission expense factor covers anticipated sales and marketing expenses. Those may include, without limitation, purchase of television, internet and other advertising; payments of commissions and other incentive compensation to Company's internal sales force; and payment of commissions to external brokers. The exact amounts and distribution among the categories of sales and marketing expenses will depend on a variety of factors including competitive conditions, business strategy, consumer behaviors, and legal and regulatory requirements. The consumer behaviors would capture whether they use a particular distribution channel, commissioned or not, as well as their experience.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax. The risk adjustment user fee is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in our initial pricing of 2019.

Requested Rates

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three dependents under age 21, only the three oldest dependents will be considered in determining the family's premium. Additional dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as: Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

An example of a contract's premium determined by the member build-up calculation is shown in Exhibit 9

Credibility Assumption

Experience data for the District of Columbia is assigned 47% credibility.

Trend Assumption

Anticipated annual trend from the experience period to the rating period for the product line is shown in the following table. The table shows the trend assumptions by major types of service as defined by HHS, separately by unit cost, utilization, and in total.

Type of Service	Unit Cost	Utilization	Total
Inpatient Hospital	5.9%	2.8%	8.9%
Outpatient Hospital	4.1%	6.8%	11.2%
Professional	1.5%	6.3%	7.9%
Other Medical	4.1%	6.8%	11.2%
Capitation	0.0%	N/A	0.0%
Prescription Drug	11.7%	3.3%	15.4%
Total	5.4%	5.1%	10.7%

a. Medical Trend

Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

b. Pharmacy Trend

Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend.

Cost-sharing changes & Benefit Changes

Aetna's rate review models project incurred claims and earned premiums assuming a static benefit plan mix for the book of business for the experience period. Since Aetna prices the book of business utilizing a target loss ratio approach, adjustments made to the incurred claims and earned premiums to account for the anticipated changes to the plan mix would offset resulting in the same projected loss ratio. The Plan Relativity Factors adjust future premium levels to align with the expected claims for changes in plan mix for future dates of service.

Plan Relativities

The Plan Relativities represent the expected value of the difference in benefits and networks between the market index rate and each additional proposed benefit plan discussed in this filing. The relativities were developed using a proprietary pricing model which relies on State- and product-specific benefit service category weights and rating factors for various levels of plan/member cost-sharing options for deductibles, coinsurance, out-of-pocket maximums and copays.

The product-specific service category weights were developed based on the experience of Aetna's Small Group block of business. The cost-sharing-specific rating factors were developed using experience associated with our Large Group block of business, which excludes the effects of selection. These Large Group based cost-sharing specific rating factors account for differences in a standard population's spending patterns due to differences in the richness and/or structure of benefits, or induced demand, without reflection of differences in health status.

Final plan relativities reflect the value of the EHB and state mandated benefits (including pediatric dental), incorporating the impact of out-of-network benefits and additional benefits. The methodology also considers the value of any differences in network by plan, including but not limited to network discounts and steerage.

The Plan Relativities for each plan are shown in the AV Pricing Value Column of Exhibit E-2.

Rating Factors

Effective Date Factors

Exhibit 7 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward trend, and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2020.

Member Age Factor

The age factors are based on the DC specific age scale. The factors are shown in Exhibit 11.

Tobacco Factors

No load is proposed for tobacco users.

Area Factors

Exhibit 3 summarizes the rating area definitions and factors, and displays the projected membership by area to develop the projected average area factor. The geographic calibration factor is the reciprocal of the projected average area factor.

Wellness Programs

Aetna may encourage and incent members to access certain medical services, to use online tools that enhance their coverage and services, and to continue participation as an **Aetna** member. Members and their doctor can talk about these medical services and decide if they are right for the member. Aetna may also encourage and incent members in connection with participation in a wellness or health improvement program. Incentives include but are not limited to:

- Modification to **copayment**, **deductible** or **coinsurance** amounts
- Premium discounts or rebates
- Contributions to health savings account
- Fitness center membership reimbursement
- Merchandise
- Coupons
- Gift cards
- Debit cards
- · Any combination of the above

The award of any such incentive shall not depend upon the result of a wellness or health improvement activity or upon a member's health.

Distribution of Rate Increases

The distribution of rate increases (annual) is shown in Exhibit A-1. The increases are shown by Plan.

Claim Reserve Needs

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

The experience data reflects incurred claims from January 1, 2018 through December 31, 2018 and paid through February 28, 2019. The paid claims for the DC Base experience period are \$3,786,358. The estimated incurred claims are \$3,815,748.

Administrative Costs of Programs that Improve Health Care Quality

The administrative costs included with claims in the numerator of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Taxes and Licensing or Regulatory Fees

The taxes, licenses and fees removed from premium in the denominator of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Medical Loss Ratio (MLR)

The projected Medical Loss Ratio (MLR) as defined by HHS is 86.1% and meets the minimum MLR requirements of Insurance Art. § 15-605(c). The details of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Risk Adjustment

Risk Adjustment - Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2018 Wakely data. The transfer is allocated to the member-level based by applying the HHS risk transfer calculation to each member relative to the imputed market average; such that members with higher resulting relative transfer scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result. The resulting member transfers are summed to the HIOS plan level and adjusted for 2017 Risk Adjustment fees of \$0.18 PMPM in Worksheet 2.

Risk Adjustment - Projection Period

Aetna is projecting a risk adjustment payable. We expect that we will have membership enrolled under the market average morbidity. The resulting PMPM adjustment, net of risk adjustment user fees, is \$2.57 PMPM.

Reinsurance

Transitional Reinsurance recoveries do not apply to Small Group business. The experience period data does not contain Reinsurance Contributions during 2018.

Risk Corridor

The Risk Corridor program does not apply to Small Group business.

Past and Prospective Loss Experience Within and Outside the State

The loss experience used in the development of the rates was based on the HMO Small Group experience for Innovation Health Plan, Inc. and PPO Small Group experience for Innovation Health Insurance Company in Northern Virginia.

Reasonable Margin for Reserve Needs & Past and Prospective Expenses

The retention portion of the projected premium is illustrated in Exhibit 5.

The prospective general and administrative expenses are based on historical corporate small group market expense levels, current-year projections, and projected changes in expenses, inflation, and membership for 2020. The commission expense factor covers anticipated sales and marketing expenses. Those may include, without limitation, purchase of television, internet and other advertising; payments of commissions and other incentive compensation to the Company's internal sales force; and payment of commissions to external brokers. The exact amounts and distribution among the categories of sales and marketing expenses will depend on a variety of factors including competitive conditions, business strategy, consumer behaviors, and legal and regulatory requirements. The consumer behaviors would capture whether they use a particular distribution channel, commissioned or not, as well as their experience.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax. The risk adjustment user fee, as previously mentioned in the Risk Adjustment section, is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in the initial pricing for our 2019 plans.

Any Other Relevant Factors Within and Outside the State

All relevant Factors within and outside the State have been considered in the development of the proposed rates.

Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8

This filing is in conformity with all the applicable Actuarial Standards of Practice, including ASOP No. 8.

Actuarial Certification

I, Joanna Kluza, am an employee of Aetna Inc. and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Life Insurance Company for the District of Columbia.

These rates reflect the negotiated prices from the provider contracts and the expected utilization experience of the plan.

I relied upon financial records and summaries prepared by responsible officers and employees of Aetna Life Insurance Company. In other respects, my analysis included review of assumptions that I considered necessary.

For preparation of the rates, items identified above:

- (i). are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- (ii). meet the requirements of Washington D.C.
- (iii). make a good and sufficient provision for all unpaid claims of the organization under the terms of its contracts and agreements, and
- (iv). include appropriate provision for all actuarial items which ought to be established where allowed by law.

A target medical loss ratio of 78.7% was used for this filing calculated in the traditional way. The expected 2020 MLR for this filing, as defined by PPACA and before any credibility adjustment, is 86.1%.

These rates are appropriate for quotes delivered for effective dates beginning January 1, 2020. The proposed change is an increase greater than the 10% threshold and will trigger the federal review requirements as specified under 45 CFR Part 154.

This rate filing conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.

In my opinion, the enclosed rates are reasonable in relation to the anticipated experience of Aetna Health Inc. They are neither excessive nor inadequate, nor unfairly discriminatory.

Joanna Kluza, ASA, MAAA

Aetna Life Insurance Company

May 24, 2019 Date

District of Columbia Small Group ALIC (PPO plans) Loss Ratio History

DOS	Membership	Claims	Premium*	Loss Ratio
01/01/2017	776	295,771	324,549	91.13%
02/01/2017	773	259,835	323,797	80.25%
03/01/2017	779	234,046	325,833	71.83%
04/01/2017	790	200,050	326,636	61.25%
05/01/2017	795	245,376	326,942	75.05%
06/01/2017	799	220,459	325,952	67.64%
07/01/2017	806	195,188	329,467	59.24%
08/01/2017	829	185,965	340,371	54.64%
09/01/2017	831	201,294	341,751	58.90%
10/01/2017	821	160,094	337,596	47.42%
11/01/2017	778	148,196	321,028	46.16%
12/01/2017	829	203,812	339,590	60.02%
01/01/2018	904	452,458	393,132	115.09%
02/01/2018	919	211,789	399,127	53.06%
03/01/2018	941	223,934	409,186	54.73%
04/01/2018	937	411,102	407,872	100.79%
05/01/2018	940	388,705	409,779	94.86%
06/01/2018	910	295,776	400,016	73.94%
07/01/2018	923	288,710	406,641	71.00%
08/01/2018	911	409,996	406,038	100.97%
09/01/2018	889	268,080	392,903	68.23%
10/01/2018	903	277,096	400,771	69.14%
11/01/2018	891	362,682	394,522	91.93%
12/01/2018	824	225,421	367,543	61.33%
CY2017	9,606	2,550,086	3,963,512	64.34%
CY2018	10,892	3,815,748	4,787,529	79.70%

^{*}Note: Premiums shown are not risk adjusted. The current estimate of the 2018 risk adjusted loss ratio is 76.5%.

Certificate Form Names and Numbers

Form Name	Form Number
HI DC SG HHIXCOC V004	HI SG HCOC 2020 04-HIX
HI DC HGrpAg V003	HI SG HGrpAg 03

Schedule Form Names and Numbers

Form Name	Form Number
AL DC SG-HIXSOB-EPO-14042191 V004	AL SG-SOB-EPO-14042191 04-HIX
AL DC SG-HIXSOB-EPO-14042183 V004	AL SG-SOB-EPO-14042183 04-HIX
AL DC SG-HIXSOB-EPO-14042190 V004	AL SG-SOB-EPO-14042190 04-HIX
AL DC SG-HIXSOB-EPO-14042187 V004	AL SG-SOB-EPO-14042187 04-HIX
AL DC SG-HIXSOB-EPO-14042185 V004	AL SG-SOB-EPO-14042185 04-HIX
AL DC SG-HIXSOB-EPO-14042189 V004	AL SG-SOB-EPO-14042189 04-HIX
AL DC SG-HIXSOB-EPO-14042186 V004	AL SG-SOB-EPO-14042186 04-HIX
AL DC SG-HIXSOB-EPO-14042184 V004	AL SG-SOB-EPO-14042184 04-HIX

Aetna Life Insurance Company – District of Columbia 1Q20 Filing - Small Group Business HIOS product ID: 77422DC011 Actuarial Memorandum

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The requested rates have been developed incorporating consideration of the market changes and rating requirements taking effect in the Small Group market pursuant to the Patient Protection and Affordable Care Act of 2010 and subsequent regulation. They are compliant with all rating limitations under federal and state regulation. The plan designs contained in this submission are to be sold on the Exchange.

The descriptions and analyses presented in this rate filing reflect our current understanding of regulations and guidance. As further guidance is received, we reserve the right to submit revisions or withdraw this rate filing.

Summary of Changes from prior filing and rate manual

We are proposing to revise the quarterly premium rates for effective dates from January 1, 2020, through December 31, 2020. The quarterly rate increases are reflected in Exhibit 7. Generally, rate changes do not vary by plan design, with the exception of the impact associated with plan-specific benefit modifications necessary to comply with Actuarial Value requirements.

Rates for the plans in this submission are being revised to reflect 1) the impact of updated experience data and medical claim trend and 2) changes in cost-sharing levels to ensure that plans comply with Actuarial Value requirements.

There are no other proposed changes for this submission.

Form Numbers

An exhibit showing the Form Numbers is shown on under the "Certificate of Form Names and Numbers" Exhibit of this Actuarial Memorandum.

Status of Forms

The forms for this submission are "open to new sales" and "non-grandfathered".

Description of Benefits/Metal Levels and Actuarial Values

This filing covers PPO group medical benefit coverage. The range of coverage includes inpatient, outpatient, primary care, specialist services, pharmacy, DME, and vision. Information on the cost-sharing parameters of the covered benefit plans, including deductibles and copays, can be found in the Schedule of Benefits in the Form filing (AETN-131865366). All benefits are compliant with state mandates and the requirements of the Patient Protection and Affordable Care Act of 2010, including preventive care benefits, deductible limits, and Actuarial Value requirements.

Exhibit A shows the metal level and actuarial value for each plan design using the AV calculator developed and made available by HHS.

Average Rate Increase Requested

The following tables provide the requested weighted average increases. The first table shows the incremental increase and the second table shows the year over year increase.

	1Q20/4Q19	2Q20/1Q20	3Q20/2Q20	4Q20/3Q20
Incremental Rate Increase	-2.43%	2.95%	2.95%	2.95%

	1Q20/1Q19	2Q20/2Q19	3Q20/3Q19	4Q20/4Q19	Average
Requested Rate					
Increase	8.26%	7.66%	7.06%	6.46%	7.76%

Maximum Rate Increase Requested

The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rate factors is 24.15%. This rate increase applies to members renewing in 1Q20 for the DC Silver DC Bronze OAEPO 6000 80% \$15/50 E plan (HIOS ID 77422DC0110001).

Minimum Rate Increase Requested

The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rate factors is 0.11%. This rate increase applies to members renewing in 1Q20 for the DC Gold OAEPO 1500 90% E plan (HIOS ID 77422DC0110002).

Absolute Maximum Premium Increase

The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes like aging, is 35.70%. This rate increase applies to members renewing in 1Q20 for DC Bronze OAEPO 6000 80% \$15/50 E plan (HIOS ID 77422DC0110001) that age up from 20 to 21.

Average Renewal Rate Increase for a Year

The average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing is 7.76%

Rate Change History

The rate change history for the forms referenced in the filing is shown below.

Rate Effective Date	Annual Total Change
4Q18	6.4%
1Q19	8.8%
2Q19	9.7%
3Q19	10.7%
4Q19	11.7%

Exposure

The current exposure as of December 2018 is 69 policies, 449 certificates, and 711 covered lives.

Member Months

The numbers of members in force during each month of the base experience used in the rate development and for the preceding 12 month period for the forms referenced in this filing are shown in the Loss Ratio History Exhibit of the Actuarial Memorandum.

Past Experience

The monthly earned premium and incurred claims for the base experience period used in the rate development and for the preceding 12 month period for the forms referenced in this filing are shown in the Loss Ratio History Exhibit of the Actuarial Memorandum.

Index Rate

The index rate = \$605.03.

Rate Development

Determination of Claim Portion of Market Index Rate

In setting the projected claim level in the market in 2020, we based our projections upon the 2018 experience of our current ACA small group block of business for Innovation Health Plan, Inc. and Innovation Health Insurance Company, in the 2-50 market. The experience data utilized in the rate development reflects incurred claims from January 1, 2018 to December 31, 2018 and paid through February 2019. This manual experience is the HMO Small Group Experience for Innovation Health Plan, Inc. and PPO Small Group Experience for Innovation Health Insurance Company in Northern Virginia.

The manual experience used to develop the rates is shown below:

DOS	Membership	Claims	Premium *	Loss
	Wembersinp		TTETHIATH	Ratio
01/01/2018	13,992	3,931,541	6,115,969	64.28%
02/01/2018	13,476	3,851,824	5,924,396	65.02%
03/01/2018	12,992	3,499,803	5,745,034	60.92%
04/01/2018	12,183	3,373,125	5,419,071	62.25%
05/01/2018	11,525	3,603,869	5,151,369	69.96%
06/01/2018	10,635	3,664,768	4,799,901	76.35%
07/01/2018	9,984	3,093,389	4,549,470	67.99%
08/01/2018	9,494	3,603,007	4,341,772	82.98%
09/01/2018	8,435	2,546,045	3,926,947	64.84%
10/01/2018	7,437	2,879,459	3,476,116	82.84%
11/01/2018	6,954	2,342,198	3,254,322	71.97%
12/01/2018	3,867	960,037	1,951,448	49.20%
Total	120,974	37,349,065	54,655,817	68.34%

^{*}Note: Premiums shown are not risk adjusted. The current estimate of the 2018 risk-adjusted loss ratio is 71.1%.

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

As noted above, the experience period reflects one month of paid claim run-off. The IBNP reserves account for approximately 0.78% of the experience period incurred claims.

For the projection, the following was taken into consideration:

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for policies issued to small employers in 2017 and 2018. We considered the expected relationships between the morbidity of the experience policies and the likely population that will be covered by Small Group Single Risk Pool policies in 2020. This filing also includes adjustments to projected morbidity assuming the Small Group and Individual Market risk pools are combined for DC. These adjustments are based on a comparison of our Small Group risk scores versus the risk scores of what a merged market would look like using data from CCIO website, as well as the Wakeley study commissioned last year by DC.

B. Changes in Benefits:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts.

<u>Determination of Retention Portion of Market Index Rate</u>

The retention portion of the projected premium is illustrated in Exhibit 5.

The prospective general and administrative expenses are based on historical corporate small group market expense levels, current-year projections, and projected changes in expenses, inflation, and membership for 2020. The commission expense factor covers anticipated sales and marketing expenses. Those may include, without limitation, purchase of television, internet and other advertising; payments of commissions and other incentive compensation to Company's internal sales force; and payment of commissions to external brokers. The exact amounts and distribution among the categories of sales and marketing expenses will depend on a variety of factors including competitive conditions, business strategy, consumer behaviors, and legal and regulatory requirements. The consumer

behaviors would capture whether they use a particular distribution channel, commissioned or not, as well as their experience.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax. The risk adjustment user fee is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in our initial pricing of 2019.

Requested Rates

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three dependents under age 21, only the three oldest dependents will be considered in determining the family's premium. Additional dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as: Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

An example of a contract's premium determined by the member build-up calculation is shown in Exhibit q

Credibility Assumption

Experience data for the District of Columbia is assigned 47% credibility.

Trend Assumption

Anticipated annual trend from the experience period to the rating period for the product line is shown in the following table. The table shows the trend assumptions by major types of service as defined by HHS, separately by unit cost, utilization, and in total.

Type of Service	Unit Cost	Utilization	Total
Inpatient Hospital	5.9%	2.8%	8.9%
Outpatient Hospital	4.1%	6.8%	11.2%
Professional	1.5%	6.3%	7.9%
Other Medical	4.1%	6.8%	11.2%
Capitation	0.0%	N/A	0.0%
Prescription Drug	11.7%	3.3%	15.4%
Total	5.4%	5.1%	10.7%

a. Medical Trend

Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

b. Pharmacy Trend

Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend.

Cost-sharing changes & Benefit Changes

Aetna's rate review models project incurred claims and earned premiums assuming a static benefit plan mix for the book of business for the experience period. Since Aetna prices the book of business utilizing a target loss ratio approach, adjustments made to the incurred claims and earned premiums to account for the anticipated changes to the plan mix would offset resulting in the same projected loss ratio. The Plan Relativity Factors adjust future premium levels to align with the expected claims for changes in plan mix for future dates of service.

Plan Relativities

The Plan Relativities represent the expected value of the difference in benefits and networks between the market index rate and each additional proposed benefit plan discussed in this filing. The relativities were developed using a proprietary pricing model which relies on State- and product-specific benefit service category weights and rating factors for various levels of plan/member cost-sharing options for deductibles, coinsurance, out-of-pocket maximums and copays.

The product-specific service category weights were developed based on the experience of Aetna's Small Group block of business. The cost-sharing-specific rating factors were developed using experience associated with our Large Group block of business, which excludes the effects of selection. These Large Group based cost-sharing specific rating factors account for differences in a standard population's spending patterns due to differences in the richness and/or structure of benefits, or induced demand, without reflection of differences in health status.

Final plan relativities reflect the value of the EHB and state mandated benefits (including pediatric dental), incorporating the impact of out-of-network benefits and additional benefits. The methodology also considers the value of any differences in network by plan, including but not limited to network discounts and steerage.

The Plan Relativities for each plan are shown in the AV Pricing Value Column of Exhibit E-2.

Rating Factors

Effective Date Factors

Exhibit 7 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward trend, and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2020.

Member Age Factor

The age factors are based on the DC specific age scale. The factors are shown in Exhibit 11.

Tobacco Factors

No load is proposed for tobacco users.

Area Factors

Exhibit 3 summarizes the rating area definitions and factors, and displays the projected membership by area to develop the projected average area factor. The geographic calibration factor is the reciprocal of the projected average area factor.

Wellness Programs

Aetna may encourage and incent members to access certain medical services, to use online tools that enhance their coverage and services, and to continue participation as an **Aetna** member. Members and their doctor can talk about these medical services and decide if they are right for the member. Aetna may also encourage and incent members in connection with participation in a wellness or health improvement program. Incentives include but are not limited to:

- Modification to copayment, deductible or coinsurance amounts
- Premium discounts or rebates
- Contributions to health savings account
- Fitness center membership reimbursement
- Merchandise
- Coupons
- Gift cards
- Debit cards
- Any combination of the above

The award of any such incentive shall not depend upon the result of a wellness or health improvement activity or upon a member's health.

Distribution of Rate Increases

The distribution of rate increases (annual) is shown in Exhibit A-1. The increases are shown by Plan.

Claim Reserve Needs

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

The experience data reflects incurred claims from January 1, 2018 through December 31, 2018 and paid through February 28, 2019. The paid claims for the DC Base experience period are \$3,786,358. The estimated incurred claims are \$3,815,748.

Administrative Costs of Programs that Improve Health Care Quality

The administrative costs included with claims in the numerator of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Taxes and Licensing or Regulatory Fees

The taxes, licenses and fees removed from premium in the denominator of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Medical Loss Ratio (MLR)

The projected Medical Loss Ratio (MLR) as defined by HHS is 86.4% and meets the minimum MLR requirements of Insurance Art. § 15-605(c). The details of the MLR calculation are shown in Exhibit 6 (MLR Projection).

Risk Adjustment

Risk Adjustment - Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2018 Wakely data. The transfer is allocated to the member-level based by applying the HHS risk transfer calculation to each member relative to the imputed market average; such that members with higher resulting relative transfer scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result. The resulting member transfers are summed to the HIOS plan level and adjusted for 2017 Risk Adjustment fees of \$0.18 PMPM in Worksheet 2.

Risk Adjustment - Projection Period

Aetna is projecting a risk adjustment payable. We expect that we will have membership enrolled under the market average morbidity. The resulting PMPM adjustment, net of risk adjustment user fees, is \$2.61 PMPM.

Reinsurance

Transitional Reinsurance recoveries do not apply to Small Group business. The experience period data does not contain Reinsurance Contributions during 2018.

Risk Corridor

The Risk Corridor program does not apply to Small Group business.

Past and Prospective Loss Experience Within and Outside the State

The loss experience used in the development of the rates was based on the HMO Small Group experience for Innovation Health Plan, Inc. and PPO Small Group experience for Innovation Health Insurance Company in Northern Virginia.

Reasonable Margin for Reserve Needs & Past and Prospective Expenses

The retention portion of the projected premium is illustrated in Exhibit 5.

The prospective general and administrative expenses are based on historical corporate small group market expense levels, current-year projections, and projected changes in expenses, inflation, and membership for 2020. The commission expense factor covers anticipated sales and marketing expenses. Those may include, without limitation, purchase of television, internet and other advertising; payments of commissions and other incentive compensation to the Company's internal sales force; and payment of commissions to external brokers. The exact amounts and distribution among the categories of sales and marketing expenses will depend on a variety of factors including competitive conditions, business strategy, consumer behaviors, and legal and regulatory requirements. The consumer behaviors would capture whether they use a particular distribution channel, commissioned or not, as well as their experience.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax. The risk adjustment user fee, as previously mentioned in the Risk Adjustment section, is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in the initial pricing for our 2019 plans.

Any Other Relevant Factors Within and Outside the State

All relevant Factors within and outside the State have been considered in the development of the proposed rates.

Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8

This filing is in conformity with all the applicable Actuarial Standards of Practice, including ASOP No. 8.

Actuarial Certification

I, Regis Murayi, am an employee of Aetna Inc. and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Life Insurance Company for the District of Columbia.

These rates reflect the negotiated prices from the provider contracts and the expected utilization experience of the plan.

I relied upon financial records and summaries prepared by responsible officers and employees of Aetna Life Insurance Company. In other respects, my analysis included review of assumptions that I considered necessary.

For preparation of the rates, items identified above:

- (i). are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- (ii). meet the requirements of Washington D.C,
- (iii). make a good and sufficient provision for all unpaid claims of the organization under the terms of its contracts and agreements, and
- (iv). include appropriate provision for all actuarial items which ought to be established where allowed by law.

A target medical loss ratio of 79.0% was used for this filing calculated in the traditional way. The expected 2020 MLR for this filing, as defined by PPACA and before any credibility adjustment, is 86.4%.

These rates are appropriate for quotes delivered for effective dates beginning January 1, 2020. The proposed change is an increase greater than the 10% threshold and will trigger the federal review requirements as specified under 45 CFR Part 154.

This rate filing conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.

In my opinion, the enclosed rates are reasonable in relation to the anticipated experience of Aetna Health Inc. They are neither excessive nor inadequate, nor unfairly discriminatory.

Joanna Kluza, ASA, MAAA Aetna Life Insurance Company

Franca Kluza

May 24, 2019 Date

District of Columbia Small Group ALIC (PPO plans) Loss Ratio History

DOS	Membership	Claims	Premium*	Loss Ratio
01/01/2017	776	295,771	324,549	91.13%
02/01/2017	773	259,835	323,797	80.25%
03/01/2017	779	234,046	325,833	71.83%
04/01/2017	790	200,050	326,636	61.25%
05/01/2017	795	245,376	326,942	75.05%
06/01/2017	799	220,459	325,952	67.64%
07/01/2017	806	195,188	329,467	59.24%
08/01/2017	829	185,965	340,371	54.64%
09/01/2017	831	201,294	341,751	58.90%
10/01/2017	821	160,094	337,596	47.42%
11/01/2017	778	148,196	321,028	46.16%
12/01/2017	829	203,812	339,590	60.02%
01/01/2018	904	452,458	393,132	115.09%
02/01/2018	919	211,789	399,127	53.06%
03/01/2018	941	223,934	409,186	54.73%
04/01/2018	937	411,102	407,872	100.79%
05/01/2018	940	388,705	409,779	94.86%
06/01/2018	910	295,776	400,016	73.94%
07/01/2018	923	288,710	406,641	71.00%
08/01/2018	911	409,996	406,038	100.97%
09/01/2018	889	268,080	392,903	68.23%
10/01/2018	903	277,096	400,771	69.14%
11/01/2018	891	362,682	394,522	91.93%
12/01/2018	824	225,421	367,543	61.33%
CY2017	9,606	2,550,086	3,963,512	64.34%
CY2018	10,892	3,815,748	4,787,529	79.70%

^{*}Note: Premiums shown are not risk adjusted. The current estimate of the 2018 risk adjusted loss ratio is 76.5%.

Certificate Form Names and Numbers

Form Name	Form Number
HI DC SG HHIXCOC V004	HI SG HCOC 2020 04-HIX
HI DC HGrpAg V003	HI SG HGrpAg 03

Schedule Form Names and Numbers

Form Name	Form Number
AL DC SG-HIXSOB-EPO-14042191 V004	AL SG-SOB-EPO-14042191 04-HIX
AL DC SG-HIXSOB-EPO-14042183 V004	AL SG-SOB-EPO-14042183 04-HIX
AL DC SG-HIXSOB-EPO-14042190 V004	AL SG-SOB-EPO-14042190 04-HIX
AL DC SG-HIXSOB-EPO-14042187 V004	AL SG-SOB-EPO-14042187 04-HIX
AL DC SG-HIXSOB-EPO-14042185 V004	AL SG-SOB-EPO-14042185 04-HIX
AL DC SG-HIXSOB-EPO-14042189 V004	AL SG-SOB-EPO-14042189 04-HIX
AL DC SG-HIXSOB-EPO-14042186 V004	AL SG-SOB-EPO-14042186 04-HIX
AL DC SG-HIXSOB-EPO-14042184 V004	AL SG-SOB-EPO-14042184 04-HIX

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Life Insurance Company

State: District of Columbia

HIOS Issuer ID: 77422
Market: Small Group
Effective Date: 01/01/2020

Rate Filing Tracking Number: AETN-131944476

Policy Form(s):

Form Filing Tracking Number: AETN-131865366

Company Contact Information:

Name: Joanna Kluza
Telephone Number: (860)273-3099
Email Address: KluzaJ@aetna.com

1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template;
- 2) Provide support for the assumptions and premiums rate development for the products supported by the policy forms referenced above;
- 3) Request approval of the proposed monthly premium rates; and
- 4) Provide benefit plan designs summaries for the products included in this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.

These rates are for plans issued in District of Columbia beginning January 1, 2020. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be offered outside the public Marketplace in District of Columbia.

2. Proposed Rate Increase

Monthly premium rates for Small Group Market products in District of Columbia are being revised for effective dates January 1, 2020 through December 31, 2020.

A. Reason for Rate Increase(s):

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services) and pharmacy trend;
- Revisions to our assumptions about market-wide population morbidity and the projected population distribution;
- Re-instatement of the Health Insurers Fee after a 1-year hiatus in 2019;
- Revisions to administrative expense projections;
- Modifications in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Updates to our pricing models used to determine the impact of cost sharing designs;

- Changes in provider networks and contracts.
- Expansion of definition for Small Group eligibility down to one sole proprietor

B. Variation in Rate Changes by Plan/Product:

Rate changes differ by plan for the following reasons:

- Provider cost estimates have been updated, and the change differs by network.
- Modification to cost sharing differs by plan in order to maintain compliance with Actuarial Value and other regulatory requirements.
- Our internal pricing models have been updated to reflect more current information on levels of induced demand associated with different benefit designs. These changes impact our estimates of the relative costs of the plan designs that will be offered.

Exhibit 1 shows the average threshold increases for products covered by this filing.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2018 through December 31, 2018 and paid through February 2019.

B. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Small Group business in District of Columbia. Our internal projections indicate that no MLR rebate is expected to be paid in 2018 (for 2017 experience) for the Small Group MLR Pool in District of Columbia. As such, no adjustment was made to premiums to account for expected rebates.

C. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

As noted above, the experience period reflects two months of paid claim run-off. The IBNP reserves account for approximately 0.78% of the experience period incurred claims.

4. Benefit Categories

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in April 2019. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for community-rated policies issued to small employers in 2018.

We also considered the expected morbidity of the DC small group ACA population and the likely population that will be covered by Small Group Single Risk Pool policies in 2020 and have adjusted our projections for this morbidity change accordingly.

B. Plan Design Changes:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits and coverage.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts, expected morbidity changes, changes in benefits, and changes in demographics.

E. Trend Factors (Cost/Utilization):

Medical trend factors are based on our Medical Economics Unit's national guidance coupled with local trend and network experience, based on analysis of a continuous normalized population, excluding catastrophic claims. Allowed medical trend includes known and anticipated changes in provider contract

rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

Pharmacy trends are based on national commercial group Rx trend analysis. Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend. Pharmacy Trend is expressed in terms of allowed trend less rebates.

Exhibit 8 shows the anticipated annual trend from the experience period to the rating period.

6. Manual Rate Adjustments:

A. Source and Appropriateness of Experience Data Used:

The source data for our manual rate is the experience incurred from January 1, 2018 to December 31, 2018 and paid through February 2019 for issuers 12028 and 86443 in the Virginia Small Group HMO & PPO market. The Small Group market experience is considered an appropriate source for the manual rate due to similarities in covered benefits and market dynamics to the current ACA Small Group market. The similar dynamics include: no individual medical underwriting and rating by gender, limits on age-rating, and caps for rating on the number of dependents, as well as plans benefits and cost-sharing.

B. Adjustments Made to the Data:

The Small Group experience used as the basis for the manual rate was adjusted in a similar manner as the base period experience for changes in population risk morbidity, benefits, and demographic and area normalizations. The data is further adjusted for projected changes in network, provider contract rates, and claims adjudication, in addition to unit cost and utilization trend.

C. Inclusion of Capitation Payments:

No services provided in 2020 will be covered by capitation arrangements. We have adjusted the experience data to incorporate our best-estimate of the impact of moving to fee for service payment approaches.

7. Credibility of Experience

The CMS Medicare full credibility standard is 24,000 member months. Based on our experience, the Medicare population has significantly higher utilization than Commercial populations. Using actuarial judgement, we have assigned 47% credibility to experience data.

8. Risk Adjustment

A. Risk Adjustment – Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2018 Wakely data and our internal projections of how our risk relative to market has changed since that report was issued. The transfer is allocated to the member-level based by applying the HHS risk transfer calculation to each member relative to the imputed market-average, such that members with higher resulting relative transfers scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result. The resulting member transfers are summed to the HIOS plan level.

B. Risk Adjustment – Projection Period

We started with 2018 Risk Adjustment accruals to determine our current risk transfer relative to the market. The difference between our projected relative risk and the market's is trended for two years.

In addition, the projected risk adjustment transfer includes changes that were outlined in the 2019 Notice of Benefit and Payment Parameters. The 2020 projected market average premium used in the payment transfer formula is also reduced by 14% to remove administrative cost

As a result, we project a risk adjustment payable, net of the 2020 user fee of \$0.18 PBMPM. The resulting PMPM adjustment, net of risk adjustment user fees, is \$2.57.

9. Non-Benefit Expenses and Profit & Risk

The retention portion of the projected premium is illustrated in Exhibit 5.

Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2020 projections, and projected changes in expenses, inflation, and membership for 2020 for our National book of Small Group business.

A flat commission per policy per month will be paid to all brokers in DC during open enrollment. Commissions do not vary by plan.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax and State Premium taxes. The risk adjustment user fee, as previously mentioned in Section 9, is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in our original pricing of our 2019 plans. This represents a 3% increase in profit over the final approved filing from last year.

10. Projected Loss Ratio

The expected 2020 MLR for this filing, as defined by PPACA and before any credibility adjustment, is shown in Exhibit 6.

11. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Small Group market in the District of Columbia through Aetna Life Insurance Cmpany. The proposed rates comply with the Single Risk Pool requirements of 45 CFR §156.80(d).

12. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Small Group Market Trend Adjustments: Exhibit 7 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward trend and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2020.

13. Market-Adjusted Index Rate

Exhibit E-1 illustrates the development of the Market Adjusted Index Rate. The market-wide adjustment for Risk Adjustment was discussed, previously. The risk adjustment is displayed on a paid-basis and the

exchange user fee is estimated as a PMPM based on the target premium rate on Worksheet 1 of the URRT.

14. Plan-Adjusted Index Rates

Exhibit E-2 illustrates the development of the Plan Adjusted Index Rates, and displays each plan-specific adjustment made to the Market Adjusted Index Rate. The 2020 Plan Adjusted Index Rates are displayed in Column 7. The following briefly describes how each set of adjustments was determined.

A. Actuarial Value, Cost Sharing:

The factors in Column 2 are the product of two separate adjustments:

- 1. We used internal models developed on large group claims experience to estimate the impact of different cost sharing designs. The combination of these two analyses is a projection of the relative paid to allowed ratio which also reflects the impact of out of network coverage.
- 2. We applied an adjustment for the impact different levels of cost sharing have on the use of medical services, which is based in part on the induced utilization factors used in the Risk Adjustment program. These adjustments are first normalized to result in an aggregate factor of 1.0 when applied to the projected 2020 membership.

B. Distribution and Administrative Costs:

Exhibit E-2, Column 3, reflects the adjustment for projected administrative costs, including sales, marketing, any commission expense, profit, and risk. These are discussed above in the 'Non-Benefit Expenses and Profit & Risk' section, excluding the Risk Adjustment User Fee, and the Exchange User Fee, which are reflected in the Market-Adjusted Index Rate. These expense and profit assumptions do not vary by plan.

C. Provider Network, Delivery System, and Utilization Management:

The factors in Column 4 reflect the impact of differences in the network size, efficiency, and provider contract terms. We worked with our contracting area and other subject matter experts to review the impact of these differences and the expected impact on allowed claims.

D. Benefits in addition to EHBs:

The factors in Column 5 adjust for the impact of benefits in addition to EHBs.

E. Catastrophic Plan Eligibility:

This filing does not include catastrophic plans.

F. Experience Period Plan Adjusted Index Rates:

Worksheet 2 of the URRT displays the Plan Adjusted Index Rates filed in 2018 for the experience period.

15. Calibration

A. Age Curve Calibration:

The age factors are based on the HHS Default Standard Age curve. We then project a premium-weighted average age factor for the 2020 membership using the prescribed age curve and the projected age distribution. The calibration factor is the reciprocal of this weighted average factor.

The age that most closely corresponds to the premium weighted overall average age factor is the average age for the single risk pool.

B. Geographic Factor Calibration:

Projected area factors are shown in Exhibit 3. Unit cost trend studies were used to evaluate whether there were significant changes to network costs that would require changes from previously filed rating area factors. The geographic calibration factor is the reciprocal of the projected average area factor

C. Tobacco Factor Calibration

We are not applying a tobacco factor in our rating.

16. Consumer-Adjusted Premium Rate Development

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three child dependents under age 21, only the three oldest child dependents will be considered in determining the family's premium. Additional child dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as:

Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

An example of a contract's premium determined by the member build-up calculation for a family of six, with more than three dependents under age 21, is shown in Exhibit 9.

17. Composite Premiums

Small employers will be able to elect to have rates set using a composite approach as permitted by DC.

18. AV Metal Values

The AV Metal Values on Worksheet 2 were based on the AV 2020 Calculator. As applicable, entries were modified to reflect the plan appropriately and/or adjustments were made for plan design features that could not be entered in the calculator per 45 CFR Part 156, §156.135. The accompanying certification discusses how the benefits were modified to fit the parameters and the development of any adjustments. The AV screen shots provide detail on the modified entries and adjustments to AV, as applicable.

19. AV Pricing Values

The AV Pricing Values are calculated as the ratio of the Plan Adjusted Index Rate to the Market Adjusted Index Rate. The adjustments reflected in the AV Pricing Values are discussed in Section 15. AV Pricing Values do not differ based on morbidity differences or benefit selection anticipated within the Single Risk Pool.

20. Membership Projections

Exhibit A summarizes the membership distribution by plan. Membership projections on Worksheet 2 are based on historical experience, enrollment in ACA-compliant plans through January 2019, and our expectations for future sales as additional members move to these plans from grandfathered and transitional plans.

Terminated Plans and Products

Exhibit 10 provides a plan and product crosswalk from 2018 to 2020. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2019 and 2020.

Consistent with the URRT instructions, experience for non-single risk pool terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

21. Plan Type

All plans are consistent with the plan type indicated on Worksheet 2.

22. Benefit Design

This filing includes one Bronze, three Silver, and four Gold plans.

Please refer to the corresponding policy forms for detailed benefit language. Exhibit A-2 provides the screenshots from the AV Calculator. All benefit and cost sharing parameters comply with DC benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

23. Marketing

Plans will be available outside of the public Marketplace. These plans may be marketed in a variety of means, including HHS Planfinder and our own website. In addition, members of our 2018 plans will be mailed a discontinuance or renewal letter, in accordance with CMS guidelines. Marketing and distribution approaches may change from time to time at management's discretion.

24. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

25. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.

26. Company Financial Condition

As of December 31, 2018, the capital and surplus held by Aetna Life Insurance Company was approximately \$3.6 billion. This amount is disclosed in page 3, line 33 of the Company's statutory financial statement dated December 31, 2018. The Company issues insurance nationwide for multiple lines of business including, large group medical, Small Group medical, and various non-medical products.

Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:

- Experience Period MLR Rebates
- Risk Adjustment Transfer
- Actuarial Value, Modifications, and Benefit Relativities
- Supplemental EHB Pricing
- Population Risk Morbidity
- Medical Cost and Utilization Trend
- Rx Cost and Utilization Trend
- Components of Retention/Administrative Fees
- Value of Network Arrangements
- MH Net Trend
- Experience Period Data Small Group

Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, Joanna Kluza, am an Associate of the Society of Actuaries, a member of the American Academy of Actuaries, and am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

- 1. This rate filing is in compliance with the applicable laws and regulations of the District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - g. ASOP No. 41, Actuarial Communications
 - h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

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- 2. The Projected Index Rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive, deficient, nor unfairly discriminatory.
- 3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
- 4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- 5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

Jama Kluza	May 24, 2019
Joanna Kluza, ASA, MAAA Aetna Life Insurance Company	Date

156, §156.135.

6. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Life Insurance Company

State: District of Columbia

HIOS Issuer ID: 77422
Market: Small Group
Effective Date: 01/01/2020

Rate Filing Tracking Number: AETN-131944476

Policy Form(s):

Form Filing Tracking Number: AETN-131865366

Company Contact Information:

Name:

Telephone Number: Email Address:



1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template;
- 2) Provide support for the assumptions and premiums rate development for the products supported by the policy forms referenced above;
- 3) Request approval of the proposed monthly premium rates; and
- 4) Provide benefit plan designs summaries for the products included in this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.

These rates are for plans issued in District of Columbia beginning January 1, 2020. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be offered outside the public Marketplace in District of Columbia.

2. <u>Proposed Rate Increase</u>

Monthly premium rates for Small Group Market products in District of Columbia are being revised for effective dates January 1, 2020 through December 31, 2020.

A. Reason for Rate Increase(s):

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services) and pharmacy trend;
- Revisions to our assumptions about market-wide population morbidity and the projected population distribution;
- Re-instatement of the Health Insurers Fee after a 1-year hiatus in 2019;
- Revisions to administrative expense projections;
- Modifications in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Updates to our pricing models used to determine the impact of cost sharing designs;

- Changes in provider networks and contracts.
- Expansion of definition for Small Group eligibility down to one sole proprietor

B. Variation in Rate Changes by Plan/Product:

Rate changes differ by plan for the following reasons:

- Provider cost estimates have been updated, and the change differs by network.
- Modification to cost sharing differs by plan in order to maintain compliance with Actuarial Value and other regulatory requirements.
- Our internal pricing models have been updated to reflect more current information on levels of induced demand associated with different benefit designs. These changes impact our estimates of the relative costs of the plan designs that will be offered.

Exhibit 1 shows the average threshold increases for products covered by this filing.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2018 through December 31, 2018 and paid through February 2019.

B. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Small Group business in District of Columbia.

C. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

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4. Benefit Categories

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in April 2019. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for community-rated policies issued to small employers in 2018.

We also considered the expected morbidity of the DC small group ACA population and the likely population that will be covered by Small Group Single Risk Pool policies in 2020 and have adjusted our projections for this morbidity change accordingly.

B. Plan Design Changes:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits and coverage.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts, expected morbidity changes, changes in benefits, and changes in demographics.

E.	Trend Factors (Cost/Utilization):	
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6. N A. S	Manual Rate Adjustments: Source and Appropriateness of Experience Data Used:	
D 4	A l'instrumente Mada de de Dados	
В. А	Adjustments Made to the Data:	
C. I	Inclusion of Capitation Payments:	
<u>7.</u> (Credibility of Experience	
8. F	Risk Adjustment	
	Risk Adjustment – Experience Period	
В. Б	Risk Adjustment – Projection Period	

9. Non-Benefit Expenses and Profit & Risk

Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2020 projections, and projected changes in expenses, inflation, and membership for 2020 for our National book of Small Group business.

A flat commission per policy per month will be paid to all brokers in DC during open enrollment. Commissions do not vary by plan.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax and State Premium taxes. The risk adjustment user fee, as previously mentioned in Section 9, is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

10. Projected Loss Ratio

11. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Small Group market in the District of Columbia through Aetna Life Insurance Cmpany. The proposed rates comply with the Single Risk Pool requirements of 45 CFR §156.80(d).

12. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Small Group Market Trend Adjustments:	
13. Market-Adjusted Index Rate	

14. Plan-Adjusted Index Rates
A. Actuarial Value, Cost Sharing: The factors in Column 2 are the product of two separate adjustments:
The factors in Column 2 and the product of two separate adjustments.
B. Distribution and Administrative Costs:
b. Distribution and Administrative Costs.
C. Provider Network, Delivery System, and Utilization Management:
C. Trovider Network, Berryery System, and Ottmzation Management.
D. Benefits in addition to EHBs:
E. Catastrophic Plan Eligibility: This filing does not include catastrophic plans.
F. Experience Period Plan Adjusted Index Rates:
Worksheet 2 of the URRT displays the Plan Adjusted Index Rates filed in 2018 for the experience period.
15. Calibration
A. Age Curve Calibration:

6

B. Geographic Factor Calibration:

C. Tobacco Factor Calibration

We are not applying a tobacco factor in our rating.

16. Consumer-Adjusted Premium Rate Development

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three child dependents under age 21, only the three oldest child dependents will be considered in determining the family's premium. Additional child dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as: Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

17. Composite Premiums

Small employers will be able to elect to have rates set using a composite approach as permitted by DC.

18. AV Metal Values

The AV Metal Values on Worksheet 2 were based on the AV 2020 Calculator. As applicable, entries were modified to reflect the plan appropriately and/or adjustments were made for plan design features that could not be entered in the calculator per 45 CFR Part 156, §156.135. The accompanying certification discusses how the benefits were modified to fit the parameters and the development of any adjustments. The AV screen shots provide detail on the modified entries and adjustments to AV, as applicable.

19. AV Pricing Values

The AV Pricing Values are calculated as the ratio of the Plan Adjusted Index Rate to the Market Adjusted Index Rate. The adjustments reflected in the AV Pricing Values are discussed in Section 15. AV Pricing Values do not differ based on morbidity differences or benefit selection anticipated within the Single Risk Pool.

20. Membership Projections

Terminated Plans and Products

Exhibit 10 provides a plan and product crosswalk from 2018 to 2020. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2019 and 2020.

Consistent with the URRT instructions, experience for non-single risk pool terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

21. Plan Type

All plans are consistent with the plan type indicated on Worksheet 2.

22. Benefit Design

This filing includes one Bronze, three Silver, and four Gold plans.

Please refer to the corresponding policy forms for detailed benefit language. Exhibit A-2 provides the screenshots from the AV Calculator. All benefit and cost sharing parameters comply with DC benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

23. Marketing

Plans will be available outside of the public Marketplace. These plans may be marketed in a variety of means, including HHS Planfinder and our own website. In addition, members of our 2018 plans will be mailed a discontinuance or renewal letter, in accordance with CMS guidelines. Marketing and distribution approaches may change from time to time at management's discretion.

24. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

25. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.



Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:



Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, am an am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

- 1. This rate filing is in compliance with the applicable laws and regulations of the District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - g. ASOP No. 41, Actuarial Communications
 - h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

i.

- 2. The Projected Index Rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive, deficient, nor unfairly discriminatory.
- 3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
- 4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- 5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

6.	The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part
	I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not
	handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part
	156, §156.135.

May 24, 2019
 Date

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Life Insurance Company

State: District of Columbia

HIOS Issuer ID: 77422
Market: Small Group
Effective Date: 01/01/2020

Rate Filing Tracking Number: AETN-131944476

Policy Form(s):

Form Filing Tracking Number: AETN-131865366

Company Contact Information:

Name: Joanna Kluza
Telephone Number: (860)273-3099
Email Address: KluzaJ@aetna.com

1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template;
- 2) Provide support for the assumptions and premiums rate development for the products supported by the policy forms referenced above;
- 3) Request approval of the proposed monthly premium rates; and
- 4) Provide benefit plan designs summaries for the products included in this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.

These rates are for plans issued in District of Columbia beginning January 1, 2020. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be offered outside the public Marketplace in District of Columbia.

2. Proposed Rate Increase

Monthly premium rates for Small Group Market products in District of Columbia are being revised for effective dates January 1, 2020 through December 31, 2020.

A. Reason for Rate Increase(s):

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services) and pharmacy trend;
- Revisions to our assumptions about market-wide population morbidity and the projected population distribution;
- Re-instatement of the Health Insurers Fee after a 1-year hiatus in 2019;
- Revisions to administrative expense projections;
- Modifications in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Updates to our pricing models used to determine the impact of cost sharing designs; and

- Changes in provider networks and contracts.
- Expansion of definition for Small Group eligibility down to one sole proprietor

B. Variation in Rate Changes by Plan/Product:

Rate changes differ by plan for the following reasons:

- Provider cost estimates have been updated, and the change differs by network.
- Modification to cost sharing differs by plan in order to maintain compliance with Actuarial Value and other regulatory requirements.
- Our internal pricing models have been updated to reflect more current information on levels of induced demand associated with different benefit designs. These changes impact our estimates of the relative costs of the plan designs that will be offered.

Exhibit 1 shows the average threshold increases for products covered by this filing.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2018 through December 31, 2018 and paid through February 2019.

B. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Small Group business in District of Columbia. Our internal projections indicate that no MLR rebate is expected to be paid in 2018 (for 2017 experience) for the Small Group MLR Pool in District of Columbia. As such, no adjustment was made to premiums to account for expected rebates.

C. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

As noted above, the experience period reflects two months of paid claim run-off. The IBNP reserves account for approximately 0.78% of the experience period incurred claims.

4. Benefit Categories

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in April 2019. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for community-rated policies issued to small employers in 2018.

We also considered the expected morbidity of the DC small group ACA population and the likely population that will be covered by Small Group Single Risk Pool policies in 2020 and have adjusted our projections for this morbidity change accordingly. This filing also includes adjustments to projected morbidity assuming the Small Group and Individual Market risk pools are combined for DC. These adjustments are based on a comparison of our Small Group risk scores versus the risk scores of what a merged market would look like using data from CCIO website, as well as the Wakeley study commissioned last year by DC.

B. Plan Design Changes:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits and coverage.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts, expected morbidity changes, changes in benefits, and changes in demographics.

E. Trend Factors (Cost/Utilization):

Medical trend factors are based on our Medical Economics Unit's national guidance coupled with local trend and network experience, based on analysis of a continuous normalized population, excluding catastrophic claims. Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

Pharmacy trends are based on national commercial group Rx trend analysis. Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend. Pharmacy Trend is expressed in terms of allowed trend less rebates.

Exhibit 8 shows the anticipated annual trend from the experience period to the rating period.

6. Manual Rate Adjustments:

A. Source and Appropriateness of Experience Data Used:

The source data for our manual rate is the experience incurred from January 1, 2018 to December 31, 2018 and paid through February 2019 for issuers 12028 and 86443 in the Virginia Small Group HMO & PPO market. The Small Group market experience is considered an appropriate source for the manual rate due to similarities in covered benefits and market dynamics to the current ACA Small Group market. The similar dynamics include: no individual medical underwriting and rating by gender, limits on age-rating, and caps for rating on the number of dependents, as well as plans benefits and cost-sharing.

B. Adjustments Made to the Data:

The Small Group experience used as the basis for the manual rate was adjusted in a similar manner as the base period experience for changes in population risk morbidity, benefits, and demographic and area normalizations. The data is further adjusted for projected changes in network, provider contract rates, and claims adjudication, in addition to unit cost and utilization trend.

C. Inclusion of Capitation Payments:

No services provided in 2020 will be covered by capitation arrangements. We have adjusted the experience data to incorporate our best-estimate of the impact of moving to fee for service payment approaches.

7. Credibility of Experience

The CMS Medicare full credibility standard is 24,000 member months. Based on our experience, the Medicare population has significantly higher utilization than Commercial populations. Using actuarial judgement, we have assigned 47% credibility to experience data.

8. Risk Adjustment

A. Risk Adjustment – Experience Period

Risk Adjustment transfer is accrued at the issuer and market level based on 2018 Wakely data and our internal projections of how our risk relative to market has changed since that report was issued. The transfer is allocated to the member-level based by applying the HHS risk transfer calculation to each member relative to the imputed market-average, such that members with higher resulting relative transfers scores may have a receivable and members with lower resulting scores may have a payable, regardless of the net market risk transfer result. The resulting member transfers are summed to the HIOS plan level.

B. Risk Adjustment - Projection Period

We started with 2018 Risk Adjustment accruals to determine our current risk transfer relative to the market. The difference between our projected relative risk and the market's is trended for two years.

In addition, the projected risk adjustment transfer includes changes that were outlined in the 2019 Notice of Benefit and Payment Parameters. The 2020 projected market average premium used in the payment transfer formula is also reduced by 14% to remove administrative cost

As a result, we project a risk adjustment payable, net of the 2020 user fee of \$0.18 PBMPM. The resulting PMPM adjustment, net of risk adjustment user fees, is \$2.61.

9. Non-Benefit Expenses and Profit & Risk

The retention portion of the projected premium is illustrated in Exhibit 5.

Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2020 projections, and projected changes in expenses, inflation, and membership for 2020 for our National book of Small Group business.

A flat commission per policy per month will be paid to all brokers in DC during open enrollment. Commissions do not vary by plan.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax and State Premium taxes. The risk adjustment user fee, as previously mentioned in Section 9, is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

The profit and risk load is consistent with the target used in our original pricing of our 2019 plans. This represents a 3% increase in profit over the final approved filing from last year.

10. Projected Loss Ratio

The expected 2020 MLR for this filing, as defined by PPACA and before any credibility adjustment, is shown in Exhibit 6.

11. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Small Group market in the District of Columbia through Aetna Life Insurance Cmpany. The proposed rates comply with the Single Risk Pool requirements of 45 CFR §156.80(d).

12. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Small Group Market Trend Adjustments: Exhibit 7 illustrates the quarterly trend factors, the resulting index rate for effective dates during each calendar quarter, the projected membership distribution by effective date, and the weighted-average index rate. Trend factors are developed from annual forward trend and leveraging. A trend factor of 1.00 corresponds to a policy period that begins January 1, 2020.

13. Market-Adjusted Index Rate

Exhibit E-1 illustrates the development of the Market Adjusted Index Rate. The market-wide adjustment for Risk Adjustment was discussed, previously. The risk adjustment is displayed on a paid-basis and the exchange user fee is estimated as a PMPM based on the target premium rate on Worksheet 1 of the URRT.

14. Plan-Adjusted Index Rates

Exhibit E-2 illustrates the development of the Plan Adjusted Index Rates, and displays each plan-specific adjustment made to the Market Adjusted Index Rate. The 2020 Plan Adjusted Index Rates are displayed in Column 7. The following briefly describes how each set of adjustments was determined.

A. Actuarial Value, Cost Sharing:

The factors in Column 2 are the product of two separate adjustments:

- 1. We used internal models developed on large group claims experience to estimate the impact of different cost sharing designs. The combination of these two analyses is a projection of the relative paid to allowed ratio which also reflects the impact of out of network coverage.
- 2. We applied an adjustment for the impact different levels of cost sharing have on the use of medical services, which is based in part on the induced utilization factors used in the Risk Adjustment program. These adjustments are first normalized to result in an aggregate factor of 1.0 when applied to the projected 2020 membership.

B. Distribution and Administrative Costs:

Exhibit E-2, Column 3, reflects the adjustment for projected administrative costs, including sales, marketing, any commission expense, profit, and risk. These are discussed above in the 'Non-Benefit Expenses and Profit & Risk' section, excluding the Risk Adjustment User Fee, and the Exchange User Fee, which are reflected in the Market-Adjusted Index Rate. These expense and profit assumptions do not vary by plan.

C. Provider Network, Delivery System, and Utilization Management:

The factors in Column 4 reflect the impact of differences in the network size, efficiency, and provider contract terms. We worked with our contracting area and other subject matter experts to review the impact of these differences and the expected impact on allowed claims.

D. Benefits in addition to EHBs:

The factors in Column 5 adjust for the impact of benefits in addition to EHBs.

E. Catastrophic Plan Eligibility:

This filing does not include catastrophic plans.

F. Experience Period Plan Adjusted Index Rates:

Worksheet 2 of the URRT displays the Plan Adjusted Index Rates filed in 2018 for the experience period.

15. Calibration

A. Age Curve Calibration:

The age factors are based on the HHS Default Standard Age curve. We then project a premium-weighted average age factor for the 2020 membership using the prescribed age curve and the projected age distribution. The calibration factor is the reciprocal of this weighted average factor.

The age that most closely corresponds to the premium weighted overall average age factor is the average age for the single risk pool.

B. Geographic Factor Calibration:

Projected area factors are shown in Exhibit 3. Unit cost trend studies were used to evaluate whether there were significant changes to network costs that would require changes from previously filed rating area factors. The geographic calibration factor is the reciprocal of the projected average area factor

C. Tobacco Factor Calibration

We are not applying a tobacco factor in our rating.

16. Consumer-Adjusted Premium Rate Development

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three child dependents under age 21, only the three oldest child dependents will be considered in determining the family's premium. Additional child dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as:

Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

An example of a contract's premium determined by the member build-up calculation for a family of six, with more than three dependents under age 21, is shown in Exhibit 9.

17. Composite Premiums

Small employers will be able to elect to have rates set using a composite approach as permitted by DC.

18. AV Metal Values

The AV Metal Values on Worksheet 2 were based on the AV 2020 Calculator. As applicable, entries were modified to reflect the plan appropriately and/or adjustments were made for plan design features that could not be entered in the calculator per 45 CFR Part 156, §156.135. The accompanying certification discusses how the benefits were modified to fit the parameters and the development of any adjustments. The AV screen shots provide detail on the modified entries and adjustments to AV, as applicable.

19. AV Pricing Values

The AV Pricing Values are calculated as the ratio of the Plan Adjusted Index Rate to the Market Adjusted Index Rate. The adjustments reflected in the AV Pricing Values are discussed in Section 15. AV Pricing Values do not differ based on morbidity differences or benefit selection anticipated within the Single Risk Pool.

20. Membership Projections

Exhibit A summarizes the membership distribution by plan. Membership projections on Worksheet 2 are based on historical experience, enrollment in ACA-compliant plans through January 2019, and our expectations for future sales as additional members move to these plans from grandfathered and transitional plans.

Terminated Plans and Products

Exhibit 10 provides a plan and product crosswalk from 2018 to 2020. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2019 and 2020.

Consistent with the URRT instructions, experience for non-single risk pool terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

21. Plan Type

All plans are consistent with the plan type indicated on Worksheet 2.

22. Benefit Design

This filing includes one Bronze, three Silver, and four Gold plans.

Please refer to the corresponding policy forms for detailed benefit language. Exhibit A-2 provides the screenshots from the AV Calculator. All benefit and cost sharing parameters comply with DC benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

23. Marketing

Plans will be available outside of the public Marketplace. These plans may be marketed in a variety of means, including HHS Planfinder and our own website. In addition, members of our 2018 plans will be mailed a discontinuance or renewal letter, in accordance with CMS guidelines. Marketing and distribution approaches may change from time to time at management's discretion.

24. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

25. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.

26. Company Financial Condition

As of December 31, 2018, the capital and surplus held by Aetna Life Insurance Company was approximately \$3.6 billion. This amount is disclosed in page 3, line 33 of the Company's statutory financial statement dated December 31, 2018. The Company issues insurance nationwide for multiple lines of business including, large group medical, Small Group medical, and various non-medical products.

Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:

- Experience Period MLR Rebates
- Risk Adjustment Transfer
- Actuarial Value, Modifications, and Benefit Relativities
- Supplemental EHB Pricing
- Population Risk Morbidity
- Medical Cost and Utilization Trend
- Rx Cost and Utilization Trend

- Components of Retention/Administrative Fees
- Value of Network Arrangements
- MH Net Trend
- Experience Period Data Small Group

Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, Joanna Kluza, am an Associate of the Society of Actuaries, a member of the American Academy of Actuaries, and am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

- 1. This rate filing is in compliance with the applicable laws and regulations of the District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - g. ASOP No. 41, Actuarial Communications
 - h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

i.

- 2. The Projected Index Rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive, deficient, nor unfairly discriminatory.
- 3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
- 4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

- 5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
- 6. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part 156, §156.135.

Janna Kluza		May 24, 2019	
Joanna Kluza, ASA, MAAA Aetna Life Insurance Company	Date		

Actuarial Memorandum and Certification

General Information

Company Identifying Information:

Company Legal Name: Aetna Life Insurance Company

State: District of Columbia

HIOS Issuer ID: 77422
Market: Small Group
Effective Date: 01/01/2020

Rate Filing Tracking Number: AETN-131944476

Policy Form(s):

Form Filing Tracking Number: AETN-131865366

Company Contact Information:

Name:

Telephone Number: Email Address:



1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template;
- 2) Provide support for the assumptions and premiums rate development for the products supported by the policy forms referenced above;
- 3) Request approval of the proposed monthly premium rates; and
- 4) Provide benefit plan designs summaries for the products included in this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.

These rates are for plans issued in District of Columbia beginning January 1, 2020. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be offered outside the public Marketplace in District of Columbia.

2. Proposed Rate Increase

Monthly premium rates for Small Group Market products in District of Columbia are being revised for effective dates January 1, 2020 through December 31, 2020.

A. Reason for Rate Increase(s):

- Impact of medical claim trend (including changes in provider unit costs and increased utilization of medical cost services) and pharmacy trend;
- Revisions to our assumptions about market-wide population morbidity and the projected population distribution;
- Re-instatement of the Health Insurers Fee after a 1-year hiatus in 2019;
- Revisions to administrative expense projections;
- Modifications in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Updates to our pricing models used to determine the impact of cost sharing designs; and

- Changes in provider networks and contracts.
- Expansion of definition for Small Group eligibility down to one sole proprietor

B. Variation in Rate Changes by Plan/Product:

Rate changes differ by plan for the following reasons:

- Provider cost estimates have been updated, and the change differs by network.
- Modification to cost sharing differs by plan in order to maintain compliance with Actuarial Value and other regulatory requirements.
- Our internal pricing models have been updated to reflect more current information on levels of induced demand associated with different benefit designs. These changes impact our estimates of the relative costs of the plan designs that will be offered.

Exhibit 1 shows the average threshold increases for products covered by this filing.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2018 through December 31, 2018 and paid through February 2019.

B. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Small Group business in District of Columbia.

C. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level detail on total allowed and incurred claims but do not include unit cost or utilization metrics. We allocate claims to cost categories and estimate the corresponding unit costs and utilization metrics by using an alternate reporting system that calculates unit cost and utilization metrics by medical cost category but only permits inclusion/exclusion of experience at the market and segment levels. A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

Total incurred claims are developed by estimating the incurred but not paid (IBNP) reserves using aggregate block of business paid claims. Paid claims are adjusted using the IBNP completion factors. More specifically, historical claim payment patterns are used to predict the ultimate incurred claims for each date-of-service month. The IBNP is estimated using actuarial principles and assumptions which consider historical claim submission and adjudication patterns, unit cost and utilization trends, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors including a review of large claims. This same process is used to develop IBNP estimates for allowed claims.

As noted above, the experience period reflects two months of paid claim run-off.

4. Benefit Categories

Our internal systems assign claims to several benefit categories. We have mapped these categories to the categories described in the Unified Rate Review Instructions released in April 2019. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services. Outpatient Hospital includes outpatient surgical, outpatient mental health, and emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses, including office-based mental health services. Other includes dental, home health care, medical pharmacy expenses, laboratory expenses, and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

A. Changes in the Morbidity of the Population Insured:

The experience period data includes experience for community-rated policies issued to small employers in 2018.

We also considered the expected morbidity of the DC small group ACA population and the likely population that will be covered by Small Group Single Risk Pool policies in 2020 and have adjusted our projections for this morbidity change accordingly. This filing also includes adjustments to projected morbidity assuming the Small Group and Individual Market risk pools are combined for DC. These adjustments are based on a comparison of our Small Group risk scores versus the risk scores of what a merged market would look like using data from CCIO website, as well as the Wakeley study commissioned last year by DC.

B. Plan Design Changes:

The products included in this filing include benefits necessary to comply with the Essential Health Benefit requirements. The experience data includes experience for Single Risk Pool products that have essentially identical benefits and coverage.

The change in projected utilization due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors and other proprietary models were considered in the development of the utilization change. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived.

C. Changes in Demographics:

Experience data was normalized for projected changes in the age/gender mix and area mix using internally-developed factors. Exhibits 2 and 3 contain detail on the calculations of the impact of demographic mix shifts.

D. Other Adjustments:

The 'Other' adjustment includes the projected impact of changes in network composition and provider contracts, expected morbidity changes, changes in benefits, and changes in demographics.

Е.	Trend Factors (Cost/Utilization):	 	
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<u>6.</u> A.	Manual Rate Adjustments: Source and Appropriateness of Experience Data Used:	ļ	
В.	Adjustments Made to the Data:		
C.	Inclusion of Capitation Payments:		
<u>7.</u>	Credibility of Experience		
8. A.	Risk Adjustment Risk Adjustment – Experience Period		
71.	Rusk Augustinent - Experience Ferrou		
В.	Risk Adjustment – Projection Period		

9. Non-Benefit Expenses and Profit & Risk

Actual general and administrative expenses are based on historical corporate Small Group market expense levels, 2020 projections, and projected changes in expenses, inflation, and membership for 2020 for our National book of Small Group business.

A flat commission per policy per month will be paid to all brokers in DC during open enrollment. Commissions do not vary by plan.

Federal taxes include PPACA Taxes and Fees are based on the Notice of Benefit and Payment Parameters for 2020, as well as Federal income tax and State Premium taxes. The risk adjustment user fee, as previously mentioned in Section 9, is applied to the projected risk adjustment transfer and therefore, excluded from the taxes and fees shown under non-benefit expenses. State premium taxes are estimated on most current known levels and include any known assessments.

10. Projected Loss Ratio

11. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Small Group market in the District of Columbia through Aetna Life Insurance Cmpany. The proposed rates comply with the Single Risk Pool requirements of 45 CFR §156.80(d).

12. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are based on our internal company modeling of plan cost-sharing designs, the plan's provider network, delivery system characteristics, and utilization management practices, the impacts (as applicable) of benefits in addition to EHBs catastrophic eligibility criteria, and the distribution and administrative costs applicable to the plan/product. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR 156 §156.80(d)(2).

Small Group Market Trend Adjustments:		

13. Market-Adjusted Index Rate
14. Plan-Adjusted Index Rates Exhibit E-2 illustrates the development of the Plan Adjusted Index Rates, and displays each plan-specific adjustment made to the Market Adjusted Index Rate. The 2020 Plan Adjusted Index Rates are displayed in Column 7. The following briefly describes how each set of adjustments was determined.
A. Actuarial Value, Cost Sharing: The factors in Column 2 are the product of two separate adjustments:
B. Distribution and Administrative Costs:
C. Provider Network, Delivery System, and Utilization Management:
D. Benefits in addition to EHBs:
E. Catastrophic Plan Eligibility: This filing does not include catastrophic plans.
F. Experience Period Plan Adjusted Index Rates:
Worksheet 2 of the URRT displays the Plan Adjusted Index Rates filed in 2018 for the experience period
15. Calibration
A. Age Curve Calibration:

B. Geographic Factor Calibration:

C. Tobacco Factor Calibration

We are not applying a tobacco factor in our rating.

16. Consumer-Adjusted Premium Rate Development

Rates are determined using the prescribed member build-up approach. In the event that a family includes more than three child dependents under age 21, only the three oldest child dependents will be considered in determining the family's premium. Additional child dependents (non-billable members) will not be included in the rate calculation.

The premium for each billable member is calculated as: Calibrated Plan Adjusted Index Rate * Age Factor * Area Factor * Trend Factor

The resulting rate is rounded to the nearest cent, and rates are then summed for all billable family members.

17. Composite Premiums

Small employers will be able to elect to have rates set using a composite approach as permitted by DC.

18. AV Metal Values

The AV Metal Values on Worksheet 2 were based on the AV 2020 Calculator. As applicable, entries were modified to reflect the plan appropriately and/or adjustments were made for plan design features that could not be entered in the calculator per 45 CFR Part 156, §156.135. The accompanying certification discusses how the benefits were modified to fit the parameters and the development of any adjustments. The AV screen shots provide detail on the modified entries and adjustments to AV, as applicable.

19. AV Pricing Values

The AV Pricing Values are calculated as the ratio of the Plan Adjusted Index Rate to the Market Adjusted Index Rate. The adjustments reflected in the AV Pricing Values are discussed in Section 15. AV Pricing Values do not differ based on morbidity differences or benefit selection anticipated within the Single Risk Pool.

20. Membership Projections

Terminated Plans and Products

Exhibit 10 provides a plan and product crosswalk from 2018 to 2020. The crosswalk includes the list of products that have experience in the single risk pool experience period, and products that were made available in 2019 and 2020.

Consistent with the URRT instructions, experience for non-single risk pool terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

21. Plan Type

All plans are consistent with the plan type indicated on Worksheet 2.

22. Benefit Design

This filing includes one Bronze, three Silver, and four Gold plans.

Please refer to the corresponding policy forms for detailed benefit language. Exhibit A-2 provides the screenshots from the AV Calculator. All benefit and cost sharing parameters comply with DC benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

23. Marketing

Plans will be available outside of the public Marketplace. These plans may be marketed in a variety of means, including HHS Planfinder and our own website. In addition, members of our 2018 plans will be mailed a discontinuance or renewal letter, in accordance with CMS guidelines. Marketing and distribution approaches may change from time to time at management's discretion.

24. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

25. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.



Reliance

While I have reviewed the reasonableness of the assumptions and data in support of both the preparation of the Part I Unified Rate Review Template and the rate development applicable to the products discussed in this filing, I relied on the expertise of other Aetna employees, along with work products produced at their direction, for the following items:





Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated marketplaces, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, am an am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

- 1. This rate filing is in compliance with the applicable laws and regulations of the District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - f. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - g. ASOP No. 41, Actuarial Communications
 - h. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

i.

- 2. The Projected Index Rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
 - d. Neither excessive, deficient, nor unfairly discriminatory.
- 3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
- 4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

- 5. The geographic rating factors reflect only differences in the costs of delivery (which include unit costs and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
- 6. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments made to reflect benefit features not handled by the AV Calculator are discussed in the attached certification required by 45 CFR Part 156, §156.135.

	May 24, 2019	
 Date		_

Aetna Life Insurance Company D.C. Small Group PPO Products

Summary

Aetna Health Inc. has filed 2020 premium rates for small group plans in the District of Columbia.

Who is affected?

Policies that renew in 2020 in the following products will be affected:

Product Name	# Current Members	Range of Increases
Aetna Life Insurance Company	1,697	-1.3% to 20.4%,
		5.0% Average

2020 Premium rates for members in the above products will increase by -1.3% to 20.4%, in plans listed for Aetna Health Maintenance Organization. Increases are determined by the member's plan and rating area in which they are located.

Why We Need to Increase Premiums

In 2018, Aetna's financial results were worse than the level required for long-term stability in the Small Group market.

Medical costs are going up and we are changing our rates to reflect this increase. We expect medical costs to go up 11.2%. Medical costs go up mainly for two reasons – providers raise their prices and members get more medical care.

For Small Employers in the District of Columbia, some examples of increasing medical costs we have experienced in the last 12 months include:

- The cost for an inpatient hospital admission has increased 5.9%
- The cost for pharmacy prescriptions have gone up 11.7%
- Use for physician service has increased 6.3%

What Else Affects Our Request to Increase Premiums

Our estimate of average population health and the expected risk adjustment transfers for Affordable Care Act (ACA) products have changed to reflect new data on market average premiums and population health. Small groups purchasing insurance in the market place are sicker than we initially anticipated. Population risk is also affected by the movement of business between the ACA market and other options as well as among other carriers in the marketplace. These changes are expected to increase costs by 2.5%.

Will Premiums for All Individuals Increase 5%?

No, Increases differ by plan. Some premiums will increase by less than average or even go down. Others will increase by more than the average.

The exact rate change will depend on what benefit plan the individual chooses, when the member's group contract renews, the age and family size and age for enrolling employees, and employer contributions.

How does this request align to Minimum Loss Ratio Requirements (MLR)?

Non-claim costs are also going up. The Federal Health Insurers Fee has been reinstated after a reprieve in 2019. Some costs, such as operating our IT systems, complying with reporting requirements, and managing our business remain fixed, and are now being spread across fewer members, resulting in higher administrative costs. Aetna will only charge members for the portion of administrative costs that enable plans to still meet the 80% Minimum Loss Ratio requirement.

These rates are expected to produce an MLR equal to or above the 80% requirement for small group business. Under the ACA, at least 80% of the premiums collected by health plans are expected to pay for medical care and activities that improve health care quality for members. If the actual MLR turns out to be less than 80%, rebates will be issued to members in accordance with the law.

Aetna makes significant investments that benefit our members that the government does not allow us to use in this calculation. These investments include customer service, health quality activities like disease management programs, and the development of new information technologies.

What is Aetna doing to keep premiums affordable?

Aetna is taking a number of steps to keep our products as affordable as possible and to address the underlying cost of health care. These actions include:

- Developing new agreements, arrangements, and partnerships with health care providers that base provider compensation on the quality of care and not the quantity of services.
- Creating medical management programs that address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.
- Working to reduce the ability of out-of-network providers to collect unreasonably excessive payments for services they provide.

Aetna is dedicated to increasing transparency within the health care system and helping members best utilize the plans that they have. Members can access Aetna Navigator, a secure member website, which allows them to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. Additionally, Aetna's DocFind directory helps members locate in-network doctors and hospitals to save money on their care. The Aetna Navigator streamlined mobile app is also available to allow members to take their care on the go.

Also, Aetna's Plan for Your Health website aims to educate all consumers on how to take advantage of their health care benefits.

Aetna Life Insurance Company D.C. Small Group PPO Products

Summary

Aetna Health Inc. has filed 2020 premium rates for small group plans in the District of Columbia.

Who is affected?

Policies that renew in 2020 in the following products will be affected:

Product Name	# Current Members	Range of Increases
Aetna Life Insurance Company	1,697	1.3% to 23.6%,
		7.8% Average

2020 Premium rates for members in the above products will increase by 1.3% to 23.6%, in plans listed for Aetna Health Maintenance Organization. Increases are determined by the member's plan and rating area in which they are located.

Why We Need to Increase Premiums

In 2018, Aetna's financial results were worse than the level required for long-term stability in the Small Group market.

Medical costs are going up and we are changing our rates to reflect this increase. We expect medical costs to go up 11.2%. Medical costs go up mainly for two reasons – providers raise their prices and members get more medical care.

For Small Employers in the District of Columbia, some examples of increasing medical costs we have experienced in the last 12 months include:

- The cost for an inpatient hospital admission has increased 5.9%
- The cost for pharmacy prescriptions have gone up 11.7%
- Use for physician service has increased 6.3%

What Else Affects Our Request to Increase Premiums

Our estimate of average population health and the expected risk adjustment transfers for Affordable Care Act (ACA) products have changed to reflect new data on market average premiums and population health, including the combining of the Small Group and Individual markets. Small groups purchasing insurance in the market place are sicker than we initially anticipated. Population risk is also affected by the movement of business between the ACA market and other options as well as among other carriers in the marketplace. These changes are expected to increase costs by 5.5%.

Will Premiums for All Individuals Increase 7.8%?

No, Increases differ by plan. Some premiums will increase by less than average or even go down. Others will increase by more than the average.

The exact rate change will depend on what benefit plan the individual chooses, when the member's group contract renews, the age and family size and age for enrolling employees, and employer contributions.

How does this request align to Minimum Loss Ratio Requirements (MLR)?

Non-claim costs are also going up. The Federal Health Insurers Fee has been reinstated after a reprieve in 2017. Some costs, such as operating our IT systems, complying with reporting requirements, and managing our business remain fixed, and are now being spread across fewer members, resulting in higher administrative costs. Aetna will only charge members for the portion of administrative costs that enable plans to still meet the 80% Minimum Loss Ratio requirement.

These rates are expected to produce an MLR equal to or above the 80% requirement for small group business. Under the ACA, at least 80% of the premiums collected by health plans are expected to pay for medical care and activities that improve health care quality for members. If the actual MLR turns out to be less than 80%, rebates will be issued to members in accordance with the law.

Aetna makes significant investments that benefit our members that the government does not allow us to use in this calculation. These investments include customer service, health quality activities like disease management programs, and the development of new information technologies.

What is Aetna doing to keep premiums affordable?

Aetna is taking a number of steps to keep our products as affordable as possible and to address the underlying cost of health care. These actions include:

- Developing new agreements, arrangements, and partnerships with health care providers that base provider compensation on the quality of care and not the quantity of services.
- Creating medical management programs that address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.
- Working to reduce the ability of out-of-network providers to collect unreasonably excessive payments for services they provide.

Aetna is dedicated to increasing transparency within the health care system and helping members best utilize the plans that they have. Members can access Aetna Navigator, a secure member website, which allows them to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. Additionally, Aetna's DocFind directory helps members locate in-network doctors and hospitals to save money on their care. The Aetna Navigator streamlined mobile app is also available to allow members to take their care on the go.

Also, Aetna's Plan for Your Health website aims to educate all consumers on how to take advantage of their health care benefits.



980 Jolly Road Mail Code U12S Blue Bell, PA 19422 (215)-775-3837

Fax: (215)-775-6441

May 17, 2019

Mr. Efren Tanheco **Supervising Actuary** District of Columbia Department of Insurance & Securities Regulation 810 First Street NE, 6th Floor Washington, DC 20002

Aetna Life Insurance Company - NAIC Number 60054 Subject:

> Small Group Premium Rate Filing – DC On Exchange Effective dates January 1, 2020 – December 31, 2020

Dear Mr. Tanheco:

I am writing to request approval of the attached Rate Filing for plans offered to Small Groups by Aetna Life Insurance Company sold on the DC Exchange. This filing is for effective dates January 1, 2020 – December 31, 2020. This filing contains the benefit plans and rating methodology. The average rate revision proposed is an increase of 7.8%.

The requested rates have been developed incorporating consideration of the market changes and rating requirements taking effect in the Small Group Market and conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010. Additionally, these health benefit plans conform to each respective tier of coverage, defined as Bronze, Silver, and Gold.

This filing is for Aetna's Small Group PPO Medical Expense coverage.

The following supporting documentation is also included:

- 1) An Actuarial Certification
- 2) An Actuarial Memorandum including supporting exhibits and documentation

The forms filing has been submitted under separate cover and the SERFF Filing ID # is AETN-131865366.

The purpose of this rate filing is to comply with regulatory rate filing requirements. This filing is not intended to be used for other purposes. If you need additional information, please contact me by telephone at (860) 273-8566, or via e-mail at MurayiR@aetna.com.

Sincerely,

Regis B. Murayi

Certificate Form Names and Numbers

Form Name	Form Number
HI DC SG HHIXCOC V004	HI SG HCOC 2020 04-HIX
HI DC HGrpAg V003	HI SG HGrpAg 03

Schedule Form Names and Numbers

Form Name	Form Number
AL DC SG-HIXSOB-EPO-14042191 V004	AL SG-SOB-EPO-14042191 04-HIX
AL DC SG-HIXSOB-EPO-14042183 V004	AL SG-SOB-EPO-14042183 04-HIX
AL DC SG-HIXSOB-EPO-14042190 V004	AL SG-SOB-EPO-14042190 04-HIX
AL DC SG-HIXSOB-EPO-14042187 V004	AL SG-SOB-EPO-14042187 04-HIX
AL DC SG-HIXSOB-EPO-14042185 V004	AL SG-SOB-EPO-14042185 04-HIX
AL DC SG-HIXSOB-EPO-14042189 V004	AL SG-SOB-EPO-14042189 04-HIX
AL DC SG-HIXSOB-EPO-14042186 V004	AL SG-SOB-EPO-14042186 04-HIX
AL DC SG-HIXSOB-EPO-14042184 V004	AL SG-SOB-EPO-14042184 04-HIX



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Sincerely,

Regis B. Murayi

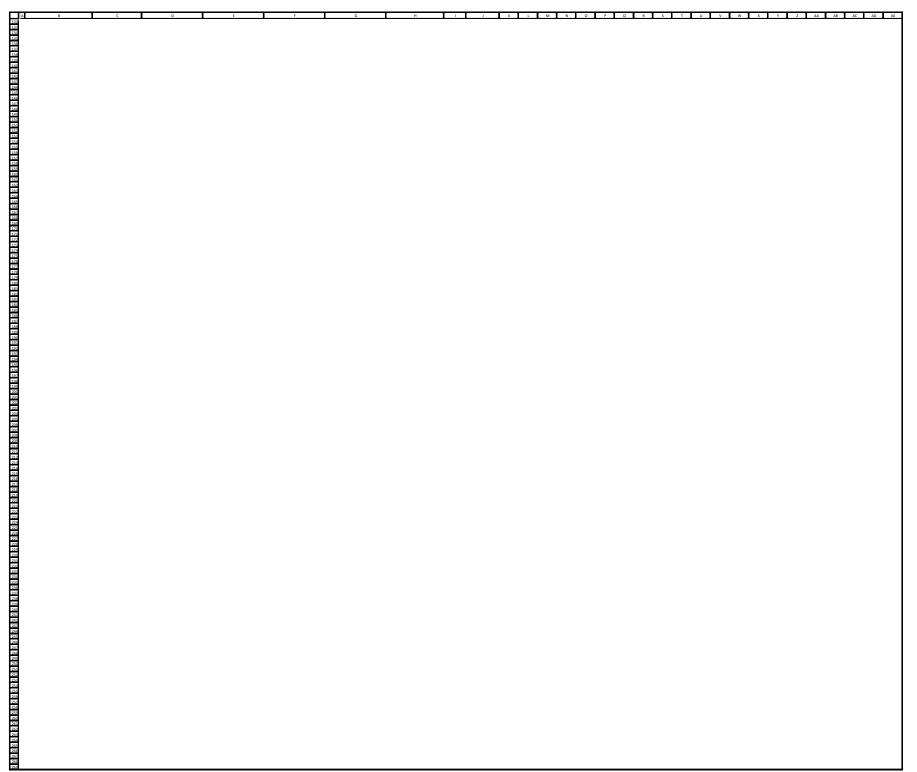
Certificate Form Names and Numbers

Form Name	Form Number
HI DC SG HHIXCOC V004	HI SG HCOC 2020 04-HIX
HI DC HGrpAg V003	HI SG HGrpAg 03

Schedule Form Names and Numbers

Form Name	Form Number
AL DC SG-HIXSOB-EPO-14042191 V004	AL SG-SOB-EPO-14042191 04-HIX
AL DC SG-HIXSOB-EPO-14042183 V004	AL SG-SOB-EPO-14042183 04-HIX
AL DC SG-HIXSOB-EPO-14042190 V004	AL SG-SOB-EPO-14042190 04-HIX
AL DC SG-HIXSOB-EPO-14042187 V004	AL SG-SOB-EPO-14042187 04-HIX
AL DC SG-HIXSOB-EPO-14042185 V004	AL SG-SOB-EPO-14042185 04-HIX
AL DC SG-HIXSOB-EPO-14042189 V004	AL SG-SOB-EPO-14042189 04-HIX
AL DC SG-HIXSOB-EPO-14042186 V004	AL SG-SOB-EPO-14042186 04-HIX
AL DC SG-HIXSOB-EPO-14042184 V004	AL SG-SOB-EPO-14042184 04-HIX

A B C D E F G H	
1 Unified Rate Review v5.0	To add a graduct to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + I.
Company Legal Name: Aetha Life Insuranca Company HIOS Issuer ID: 77422	State: Column Co
HIOS Issuer ID: 77422 Effective Date of Rate Change(s): 01/01/2020	Market: Small Group To finalize, select the Finalize button or Ctri + Shift + F.
Effective Date of make Change(p).	
Market Level Calculations (Same for all Plans)	
Section I: Experience Period Data Experience Period: 01/01/2018 to 12/31/2018	
Experience Period: 01/01/2018 to 12/31/2018 Total PARM Allowed Claims	
Allowed Claims	
Incurred Claims in Experience Period \$3,797,791.47 \$350.80 Risk Adjustment \$175,519.37 \$16.21	
Experience Period Premium \$4,787,529,37 \$442.23 Experience Period Member Months 10,826	
Section II: Projections	
Experience Period Index Year 1 Trend Year 2 Trend Trended EHB Allows	ed Claims
Benefit Category Rate PMPM Cost Utilization Cost Utilization PMPM Inpatient Hospital \$82.44 1.059 1.028 1.059 1.028	5970
Outpatient Hospital \$60.60 1.041 1.068 1.041 1.068 Professional \$137.11 1.015 1.063 1.015 1.063	\$74.91
Professional \$137.11 1.015 1.063 1.015 1.063 Other Medical \$62.53 1.041 1.068 1.041 1.068	51961 577.29 5000
Capitation \$0.00 1.000 1.000 1.000 Prescription Drug \$99.85 1.117 1.033 1.117 1.033	\$132.94
Total 5442.53	552.46
Morbielly Adjustment 1.025 Demographic Salfs 1.080 Plan Design Changes 1.000	
1.000 1.00	
Other 1.042 Adjusted Trended EHB Allowed Claims PMPM for 01/01/2020 \$641.94	
Manual EH8 Allowed Claims PMPM \$539.83	
Applied Credibility % 42,00%	
Projected Period Totals	
Projected Index Rate for S1/81/2020 S1	
Risk Adjustment Payment/Charge \$3.16 -532.6.6.1 Schange User Fees 0.00% 50.00 Marker Adjusted Index Rate \$590.98 \$43,441.92	
Exchange User Fees 0.00% 50.00 Market Adjusted Index Rate \$590.98 \$61,461.92	
Projected Member Months 104	
Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated prosecution to the full extent of the law.	, assrautea, or copiea to persons not autnorized to receive the information. Unauthorized disclosure may result in
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Product-Plan Data Collection

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

Company Legal Name: Acts Life Insurance Company State: DC To voliding-sected the Volidable betton or View State: DC To volidate section and view State section and view Stat

Product,	/Dlan	Level	Calcu	lations

Ė	Field # Section I: General Product and Plan Information 1.1 Product Name					ElectChoice(OpenAccess						Aetna Preferred Pro	wider Organization		
	1.2 Product ID	i i				774221							774220			
			Aetna Gold OAEPO 70%	Aetna Silver OAEPO 4800 80%	Aetna Gold OAEPO 1650 100%	Aetna Silver OAEPO 3000 100%	Aetna Gold OAEPO 500 90%	Aetna Bronze OAEPO 6000 80%	Aetna Gold OAEPO 1500 90%	Aetna Silver OAEPO 2800 90%	DC Silver PPO	DC Bronze PPO	DC Silver PPO	DC Gold PPO 1600	DC Gold PPO 500	DC Gold F
L	1.3 Plan Name		\$25/40 T	\$25/40 E	HSA T	HSA E	\$25/40 E	\$15/50 E	E	HSA E	3000 100 50 HSA E	5000 80 50 HSA E	4500 80 50	100 50 HSA T	90 50	
L	1.4 Plan ID (Standard Component ID)		77422DC0110005	77422DC0110007		77422DC0110006			77422DC0110002			77422DC0090005	77422DC0090006	77422DC0090007		77422DC0
L	1.5 Metal		Gold	Silver	Gold	Silver	Gold	Bronze	Gold	Silver	Silver	Bronze	Silver	Gold	Gold	
-	1.6 AV Metal Value		0.819	0.720	0.795	0.713	0.798	0.611	0.792	0.713	0.714	0.620	0.710	0.791	0.802	
-	1.7 Plan Category 1.8 Plan Type		Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	Renewing EPO	New EPO	Terminated PPO	Terminated PPO	Terminated PPO	Terminated PPO	Terminated PPO	Te
H	1.9 Exchange Plan?	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	PPO No	PPO No	PPO No	PPO No	PPO No.	
H	1.10 Effective Date of Proposed Rates	1	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01
-	1.11 Cumulative Rate Change % (over 12 mos prior)		11.44%	11.88%	2.67%	13.58%	5.42%	20.42%	-1.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	01,
H	1.12 Product Rate Increase %	1	22.4470	11.00%	2.0770	5.0		20.4270	2.23/0	0.0070	0.0070	0.00%	0.0		0.0074	
	1.13 Submission Level Rate Increase %								5.02	2%						
ls	Section II: Experience Period and Current Plan Leve	I Information														
	2.1 Plan ID (Standard Component ID)	Total	77422DC0110005	77422DC0110007	77422DC0110003	77422DC0110006	77422DC0110004	77422DC0110001	77422DC0110002	77422DC0110008	77422DC0090003	77422DC0090005	77422DC0090006	77422DC0090007	77422DC0090008	77422D0
59	2.2 Allowed Claims	\$4,819,959	\$437,312	\$1,281	\$1,366,201	\$610,552	\$1,514,047	\$63,892	\$0	\$0	\$68,984	\$573	\$2,122	\$144,495	\$390,808	
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	2.4 Member Cost Sharing	\$1,022,168	\$81,209	\$463	\$268,869	\$132,764	\$275,702	\$40,128	\$0	\$0	\$22,340	\$338	\$1,875	\$53,304	\$87,411	
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
91	2.6 Incurred Claims	\$3,797,791	\$356,103	\$818	\$1,097,332	\$477,788	\$1,238,345	\$23,764	\$0	\$0	\$46,644	\$235	\$247	\$91,191	\$303,397	
19	2.7 Risk Adjustment Transfer Amount	\$175,519	-\$168,773	-\$11,384	\$764,121	-\$62,589	-\$162,108	-\$35,134	\$0	\$0	-\$16,157	-\$3,114	-\$5,718	-\$138,340	\$80,955	
29	2.8 Premium	\$4,787,529	\$560,706	\$15,561	\$1,041,922	\$452,294	\$1,412,860	\$80,437	\$0	\$0	\$80,669	\$4,921	\$8,829	\$340,081	\$469,163	
26	2.9 Experience Period Member Months	10,826	1,249	54	2,290	1,174	3,132	229	0	0	139	19	15	738	1,027	
	2.10 Current Enrollment	1,697	388	59	388	59	388	27	388	0	0	0	0	0	0	
	2.11 Current Premium PMPM 2.12 Loss Ratio	\$462.67 76.52%	\$443.82 90.86%	\$354.57 19.58%	\$466.06 60.76%	\$389.35 122.60%	\$483.22 99.01%	\$278.72 52.45%	\$497.97 #DIV/0!	\$0.00 #DIV/0!	\$0.00 72.30%	\$0.00 13.02%	\$0.00 7.95%	\$0.00 45.20%	\$0.00 55.15%	
	2.12 Loss Ratio Per Member Per Month	/0.52%	90.86%	19.58%	ou./6%	122.00%	99.01%	52.45%	#DIV/0!	#DIV/0!	/2.30%	13.02%	7.95%	45.20%	33.15%	
-	2.13 Allowed Claims	\$445.22	\$350.13	\$23.72	\$596.59	\$520.06	\$483.41	\$279.00	#DIV/0!	#DIV/0!	\$496.29	\$30.17	\$141.48	\$195.79	\$380.53	
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
-	2.15 Member Cost Sharing	\$94.42	\$65.02	\$8.57	\$117.41	\$113.09	\$88.03	\$175.23	#DIV/0!	#DIV/0!	\$160.72	\$17.79	\$125.00	\$72.23	\$85.11	
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	2.16 Cost Sharing Reduction	\$0.00								,		\$12.38	4	****	\$295.42	
	2.16 Cost Sharing Reduction 2.17 Incurred Claims	\$0.00 \$350.80	\$285.11	\$15.15	\$479.18	\$406.97	\$395.38	\$103.77	#DIV/0!	#DIV/0!	\$335.57		\$16.48	\$123.56		
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount	\$350.80 \$16.21	\$285.11 -\$135.13	-\$210.82	\$333.68	-\$53.31	-\$51.76	-\$153.42	#DIV/0!	#DIV/0!	-\$116.24	-\$163.92	-\$381.18	-\$187.45	\$78.83	
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors	\$350.80	\$285.11 -\$135.13 \$448.92	-\$210.82 \$288.17	\$333.68 \$454.99	-\$53.31 \$385.26	-\$51.76 \$451.10	-\$153.42 \$351.25	#DIV/0!	#DIV/0!	-\$116.24 \$580.35	-\$163.92 \$258.99	-\$381.18 \$588.58	-\$187.45 \$460.81	\$78.83 \$456.83	7747700
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005	-\$210.82 \$288.17 77422DC0110007	\$333.68 \$454.99 77422DC0110003	-\$53.31 \$385.26 77422DC0110006	-\$51.76 \$451.10 77422DC0110004	-\$153.42 \$351.25 77422DC0110001	#DIV/0! #DIV/0! 77422DC0110002 \$590	WDIV/0! WDIV/0! 77422DC0110008	-\$116.24 \$580.35	-\$163.92 \$258.99 77422DC0090005	-\$381.18 \$588.58 77422DC0090006	-\$187.45 \$460.81 77422DC0090007	\$78.83 \$456.83 77422DC0090008	77422D0
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Wand Cost Sharing Design of Plan	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005	-\$210.82 \$288.17 77422DC0110007 0.6619	\$333.68 \$454.99 77422DC0110003	-\$53.31 \$385.26 77422DC0110006	-\$51.76 \$451.10 77422DC0110004 0.8500	-\$153.42 \$351.25 77422DC0110001 0.5600	MDIV/0! MDIV/0! 77422DC0110002 \$590 0.8205	#DIV/0! #DIV/0! 77422DC0110008 9.98	-\$116.24 \$580.35 77422DC0090003	-\$163.92 \$258.99 77422DC0090005	-\$381.18 \$588.58 77422DC0090006	-\$187.45 \$460.81 77422DC0090007	\$78.83 \$456.83 77422DC0090008	77422D0
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Annount 2.18 Risk Adjustment Transfer Annount 3.5 Premium Section III: Plan Adjustment Factors 3.1 Plan ID Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Ward Cost Sharing Design of Plan 3.4 Provider Network Adjustment	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000	-\$53.31 \$385.26 77422DC0110006 0.7379 1.0000	-\$51.76 \$451.10 77422DC0110004 0.8500 1.0000	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000	#DIV/0! #DIV/0! 77422DC0110002 \$590 0.8205 1.0000	#DIV/0! #DIV/0! 77422DC0110008 0.6966 1.0000	-\$116.24 \$580.35 77422DC0090003	-\$163.92 \$258.99 77422DC0090005 0.0000 0.0000	-\$381.18 \$588.58 77422DC0090006 0.0000 0.0000	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000	77422D0
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Elandard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and GS binding Design of Plan 3.4 Prouder Network Adjustment 3.5 Benefits in Addition to DTB	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005	-\$210.82 \$288.17 77422DC0110007 0.6619	\$333.68 \$454.99 77422DC0110003	-\$53.31 \$385.26 77422DC0110006	-\$51.76 \$451.10 77422DC0110004 0.8500	-\$153.42 \$351.25 77422DC0110001 0.5600	MDIV/0! MDIV/0! 77422DC0110002 \$590 0.8205	#DIV/0! #DIV/0! 77422DC0110008 9.98	-\$116.24 \$580.35 77422DC0090003	-\$163.92 \$258.99 77422DC0090005	-\$381.18 \$588.58 77422DC0090006	-\$187.45 \$460.81 77422DC0090007	\$78.83 \$456.83 77422DC0090008	77422D0
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan Io Standard Component ID) 3.2 Market Adjusted Index Rais 3.3 And Cost Sharing Design of Plan 3.4 Provider Revork Adjustment 3.5 Benefits in Addition to BHB Administrative Costs	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000	-551.76 \$451.10 77422DC0110004 0.8500 1.0000	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000	MDIV/01 MDIV/01 77422DC0110002 \$590 0.8205 1.0000	MDIV/01 MDIV/01 77422DC0110008 0.6966 1.0000 1.0000	-\$116.24 \$580.35 77422DC0090003 0.0000 0.0000	-\$163.92 \$258.99 77422DC0090005 0.0000 1.0000	-\$381.18 \$588.58 77422DC0090006 0.0000 1.0000	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000	\$78.83 \$456.83 77422DC0090008 0.0000 1.0000	7742200
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan Io Elandard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and Got Sharing Design of Plan 3.4 Prouder Network Adjustment 3.5 Renefits in Addition to ENB Administrative Costs 3.6 Markinstrative Costs	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000	-551.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000	#DIV/01 #DIV/01 77422DC0110002 \$590 0.8205 1.0000 9.29%	#DIV/01 #DIV/01 77422DC0110008 9.98 0.6966 1.0000 1.0000	-\$116.24 \$580.35 77422DC0090003 0.0000 0.0000 1.0000	-\$163.92 \$258.99 77422DC0090005 0.0000 0.0000	-\$381.18 \$588.58 77422DC0090006 0.0000 1.0000 9.29%	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000	7742200
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan Io Standard Component ID) 3.2 Market Adjusted Index Rais 3.3 And Cost Sharing Design of Plan 3.4 Provider Revork Adjustment 3.5 Benefits in Addition to BHB Administrative Costs	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18%	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18%	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18%	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18%	-551.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000 9.29% 7.18%	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18%	MDIV/01 MDIV/01 77422DC0110002 \$559 0.8205 1.0000 1.0000	77422DC0110008 9.98 0.6966 1.0000 1.0000 9.29% 7.18%	-\$116.24 \$580.35 77422DC0090003 0.0000 0.0000 1.0000 9.29% 7.18%	-\$163.92 \$258.99 77422DC0090005 0.0000 1.0000 9.29% 7.18%	-\$381.18 \$588.58 77422DC0090006 0.0000 1.0000 9.29% 7.18%	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 9.29% 7.18%	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 9.29% 7.18%	77422D0
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Glandard Component ID) 3.2 Market Adjusted index Rate 3.3 A Wardet Adjusted index Rate 3.3 A Provider Review Adjustment 3.3 Repells in Addition to PHB Administrative Costs 3.6 Administrative Expense 3.6 Administrative Expense	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000	-551.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000	#DIV/01 #DIV/01 77422DC0110002 \$590 0.8205 1.0000 9.29%	#DIV/01 #DIV/01 77422DC0110008 9.98 0.6966 1.0000 1.0000	-\$116.24 \$580.35 77422DC0090003 0.0000 0.0000 1.0000	-\$163.92 \$258.99 77422DC0090005 0.0000 1.0000 9.29%	-\$381.18 \$588.58 77422DC0090006 0.0000 1.0000 9.29%	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 9.29%	7742200
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Elandard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Van and Chainard Component ID) 3.3 Plansfer Adjusted Index Rate 3.4 Provider Network Adjustment 3.5 Renefits in Addition to IPB Administrative Costs Administrative Costs 3.5 Earl Adjustment 3.7 Taxes and Frees 3.7 Taxes and Frees 3.8 Profit & Risk Load	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18%	-5210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31%	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18% 4.31%	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18% 4.31%	-551.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000 9.29% 7.18% 4.31%	-5153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31%	77422DC0110002 5590 0.8205 1.0000 1.0000 9.29% 7.18% 4.31%	MDIV/01 MDIV/01 MDIV/01 77422DC0110008 1.98 0.6966 1.0000 1.0000 9.29% 7.18% 4.31%	-\$116.24 \$580.35 77422DC0090003 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	-\$163.92 \$258.99 77422DC0090005 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	-\$381.18 \$588.58 77422DC0090006 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	77422D0
	2.17 Incurred Claims 2.18 Risk Aglustment Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan 10 (Standard Component ID) 2.2 Market Adjusted Index Rate 3.2 Award of Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Genefits in Addition to IPIS Administrative Costs Administrative Costs 3.7 Tares and Fees 3.8 Profit & Risk Load 3.9 Catastropic Adjustment 3.10 Plan Adjusted Index Rate	\$350.80 \$16.21 \$442.23	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18% 4.31%	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31%	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18% 4.31%	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18% 4.31%	-\$51.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000 9.29% 7.18% 4.31%	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31%	#DIV/0! #DIV/0! 774220C0110002 \$550 0.8205 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$612.09	#DIV/01 #DIV/01 #77422DC0110008 1.98 0.6966 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 5519.66	-\$116.24 \$580.35 77422DC0090003 0.0000 1.0000 9.29% 7.18% 4.31%	-\$163.92 \$258.99 77422DC0090005 0.0000 1.0000 9.29% 7.18% 4.31%	-\$381.18 \$588.58 77422DC0090006 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.0000	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	77422DC
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Elandard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Van and Chainarde Component ID) 3.3 Plansfer Adjusted Index Rate 3.4 Provider Network Adjustment 3.5 Renefits in Addition to IDIB Administrative Costs 3.5 Renefits in Addition to IDIB Administrative Expense 3.7 Taxes and Fres 3.8 Porf & Risk Load 3.9 Calastrophic Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor	\$350.80 \$16.21	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18% 4.31%	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31%	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18% 4.31%	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18% 4.31%	-\$51.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000 9.29% 7.18% 4.31%	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31%	#DIV/0I #DIV/0I 77422DC0110002 5590 0.8205 1.0000 1.0000 9.29% 7.18% 4.31%	#DIV/0! #DIV/0! 77422DC0110008 9.98 0.6966 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$519.66	-\$116.24 \$580.35 77422DC0090003 0.0000 1.0000 9.29% 7.18% 4.31%	-\$163.92 \$258.99 77422DC0090005 0.0000 1.0000 9.29% 7.18% 4.31%	-\$381.18 \$588.58 77422DC0090006 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.0000	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	7742200
	2.17 Incurred Claims 2.18 Risk Aglustment Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan 10 (Standard Component ID) 2.2 Market Adjusted Index Rate 3.2 Award of Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Genefits in Addition to IPIS Administrative Costs Administrative Costs 3.7 Tares and Fees 3.8 Profit & Risk Load 3.9 Catastropic Adjustment 3.10 Plan Adjusted Index Rate	\$350.80 \$16.21 \$442.23	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18% 4.31%	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31%	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18% 4.31%	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18% 4.31%	-\$51.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000 9.29% 7.18% 4.31%	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31%	#DIV/OI #DIV/OI 774220C0110002 5595 0.8205 1.0000 1.0000 9.29% 4.31% 4.31% 1.0000 \$612.09	#DIV/0! #DIV/0! 77422DC0110008 1.98 0.6966 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$519.66	-\$116.24 \$580.35 77422DC0090003 0.0000 1.0000 9.29% 7.18% 4.31%	-\$163.92 \$258.99 77422DC0090005 0.0000 1.0000 9.29% 7.18% 4.31%	-\$381.18 \$588.58 77422DC0090006 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.0000	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	7742200
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan 10 (Standard Component ID) 2.2 Market Adjusted Index Rate 3.3 A van of Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Desentist in Addition to ENB Administrative Costs 3.5 Desentist in Addition to ENB Administrative Costs 3.6 Profit & Riot Load 3.8 Profit & Riot Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Coepgraphic Calibration Factor	\$350.80 \$16.21 \$442.23	\$285.11 -\$135.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18% 4.31%	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31%	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18% 4.31%	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$550.47	-\$51.76 \$451.10 77422DC0110004 0.8500 1.0000 1.0000 9.29% 7.18% 4.31%	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$417.76	#DIV/O! #DIV/O! 77422DC0110002 5590 0.8205 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 5612.09	#DIV/0! #DIV/0! 77422DC0110008 1.98 0.6966 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$519.66	-\$116.24 \$580.35 77422DC0090003 0.0000 1.0000 9.29% 7.18% 4.31%	-\$163.92 \$258.99 77422DC0090005 0.0000 1.0000 9.29% 7.18% 4.31%	-\$381.18 \$588.58 77422DC0090006 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.0000	-\$187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	\$78.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 9.29% 7.18% 4.31%	77422D0
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Elandard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Van and Cash Salving Design of Plan 3.4 Provider Network Adjustment 3.5 Renefits in Addition to IPB Administrative Costs 3.5 Renefits in Addition to IPB Administrative Expense 3.7 Taxes and Frees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Todexoc Calibration Factor	\$350.80 \$16.21 \$442.23	\$285.11 -\$135.13 -\$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 5615.60	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$493.78	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$595.61	-553.31 \$385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$550.47	-\$51.76 \$451.10 774220C0110004 0.8500 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$634.10	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$417.76	#DIV/O! #DIV/O! 774220C0110002 5599 0.8205 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$612.09	#DIV/O! #DIV/O! 774220C0110008 98 0.6966 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$519.66	\$116.24 \$580.35 77422DC0050003 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00	-\$163.92 \$258.99 77422DC0090005 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00	-5381.18 \$588.58 77422DC0090006 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00	-5187.45 \$460.81 774220C0090007 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00	\$78.83 \$456.83 \$77422DC0090008 0.0000 0.0000 1.0000 9.29% 7.188% 4.31% 1.0000 \$0.00	77422D0
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Elandard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Van and Cash Salaring Design of Plan 3.4 Provider Network Adjustment 3.5 Renefits in Addition to IPB Administrative Costs 3.5 Renefits in Addition to IPB Administrative Expense 3.7 Taxes and frees 3.8 Porfit R Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Trobacco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate	0.9285 0.0000 0.0000 0.0000 0.0000	\$285.11 \$313.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 9.29% 7.18% 4.11% 1.0000 \$615.60	-5210.82 5288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31% 4.31% 5458.75	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 7.18% 1.0000 \$555.61	551.31 5385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 5550.47	-\$51.76 \$451.10 774220C0110004 0.8500 1.0000 1.0000 9.29% 7.18% 4.31% 5589.11	-\$153.42 \$351.25 77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$417.76	#DIV/O! #DIV/O! 77422DC0110002 \$550 0.8205 1.0000 1.0000 9.29% 7.18% 1.0000 \$612.09 0.92 1.00 1.00 0.92 1.00 0.92 1.00 0.92 1.00 0.95 1.00 1.00 0.95 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	#DIV/O! #DIV/O! 77422DC0110008 9.98 0.6966 1.0000 1.0000 9.29% 7.18% 1.0000 \$519.66	\$116.24 \$580.35 77422DC0090003 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00	-5163.92 \$258.99 77422DC0090005 0.0000 0.0000 1.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00 \$0.00	-5381.18 \$588.58 77422DC0090006 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00 \$0.00	-5187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00 \$0.00	578.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 1.0000 \$0.00 \$0.00	
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 A ward of Sharing Design of Flan 3.4 Provider Network Adjustment 3.5 Resenfis in Addition to FRB Administrative Costs 3.5 Resenfis in Addition to FRB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Free 3.10 Taxes and Free 3.11 Age Calibration Rate 3.12 Georganist Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.13 Calibration Factor 3.14 Calibration Factor 3.15 Calibration Factor 3.15 Calibration Factor 3.16 Calibration Factor 3.17 Cappaignetic Calibration Factor 3.18 Calibration Factor 3.19 Cappaignetic Calibration Factor 3.11 Cappaignetic Calibration Factor 3.13 Tobacco Calibration Factor 3.14 Calibration Factor	0.9285 0.0000 0.0000 0.0000 0.0000	\$285.11 \$448.92 \$448.92 774220C0110005 1.0000 1.0000 9.25% 4.31% 1.0000 \$615.60 \$7189 \$7193 \$74220C0110005 \$74420C0110005	-\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$493.78	\$333.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 9.29% 4.31% 1.0000 \$595.61 \$5553.35 77422DC0110003 \$544.307	77422DC0110006 0.7379 1.0000 1.0000 1.0000 9.7388 4.3198 1.0000 \$550.47	551.76 5451.00 77422000110004 0.8500 1.0000 1.0000 9.29% 7.188 4.318 4.318 5589.11 7742200110004 514,288	77422DC0110001 0.5600 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$417.76	#DIV/O! #DIV/O! 77422DC0110002 \$550 0.8205 1.0000 1.0000 9.29% 7.18% 1.0000 \$612.09 0.92 1.00 1.00 0.92 1.00 0.92 1.00 0.92 1.00 0.95 1.00 1.00 0.95 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	#0N//0! #0N//0! 77422DC0110008 198 0.6966 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 5519.66	\$116.24 \$580.35 77422DC0090003 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 50.00	77422DC099005 77422DC099005 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00	-5381.18 5588.58 77422DC0090006 0.0000 0.0000 1.0000 9.29% 4.31% 1.0000 50.00	5187.45 \$460.81 77422DC0090007 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00 \$0.00	578.83 \$456.83 77422DC0090008 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.11% 1.0000 50.00	
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Elandard Component ID) 3.2 Market Adjusted Index Rate 3.3 A Van and Cash Sarket Rate 3.3 A Van and Cash Sarket Rate 3.4 Provider Network Adjustment 3.5 Renefits in Addition to IPB Administrative Cots 3.6 Administrative Cots 3.7 Taxes and frees 3.7 Taxes and frees 3.8 Porfit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Tobacco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate Section IV: Projected Plan Level Information 4.1 Plan IO Slandard Component ID) 4.2 Allowed Claims 4.3 Reinsurance	\$350.80 \$16.21 \$16.21 \$442.23 \$442.23 \$0.9285 \$1.0006 \$1.0000	\$285.11 \$288.11 \$448.92 774220C0110005 0.8252 0.0295 1.0000 1.0000 1.0000 1.0000 \$615.60 \$571.93	\$210.82 77422DC0110007 0.6619 1.0000 9.29% 7.18% 4.31% 1.0000 5493.7s \$458.75	\$333.68 \$454.99 7742DC0110003 0.7984 1.0000 9.20% 7.188 4.31% 1.0000 \$595.61 \$553.35	553.31 5385.26 77422DC0110006 0.7379 1.0000 9.29% 7.188 4.31% 1.0000 550.47 77422DC0110006 5511.42	755176 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$133.42 (\$351.25) 77422DC0110001 0.5500 1.0000 1.0000 9.25% 7.18% 4.31% 5.388.12 77422DC0110001 \$417.76 \$5388.12	BDV/01 B	800/01 8010/01 9010/01 9010/01 9010 9010 9010 90	\$116.24 \$580.35 774220C0990003 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 1.0000 \$0.000 \$0.000 \$0.000 774220C0990003 \$0.000	516.32 (52.58.99) 77422000090005 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 50.00 50.00 7742200090005 90 90	5381.18 5388.58 77422DC0090006 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 50.00 77422DC0900006 50 50	\$187.45 \$480.81 7742200000007 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 50.00 7742200000007 50.00	578.83 5456.83 77422000090008 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.0000 50.00 77422000090008 50.00	
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan IO Standard Component ti 2.3 Market Adjusted Index Rate 3.3 AV and GOS Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Renefits in Addition to DRB Administrative Costs 3.6 Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Frees 3.8 Porfit R Risk Load 3.3 Catastrophic Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Cost Catastrophic Adjustment 3.12 Cost Plansfer Collection Factor 3.13 Cost Catastrophic Adjustment 3.14 Catastrophic Adjustment 3.15 Cost Catastrophic Adjustment 3.16 Catastrophic Adjustment 3.17 Cost Catastrophic Adjustment 3.18 Cost Catastrophic Calibration Factor 3.19 Cost Catastrophic Calibration Factor 3.10 Cost Catastrophic Calibration Factor 3.11 Cost Catastrophic Calibration Factor 3.12 Catastrophic Calibration Factor 3.13 Cost Catastrophic Calibration Factor 3.14 Catastrophic Calibration Factor 3.15 Cost Catastrophic Calibration Factor 3.16 Catastrophic Calibration Factor 3.17 Catastrophic Calibration Factor 3.18 Cost Calibration Factor 3.19 Cost Calibration Factor 3.10 Catastrophic Calibration Factor 3.11 Catastrophic Calibration Factor 3.12 Catastrophic Calibration Factor 3.13 Catastrophic Calibration Factor 3.14 Catastrophic Calibration Factor 3.15 Catastrophic Calibration Factor 3.16 Catastrophic Catas	\$350.80 \$16.21 \$442.23 \$442.23 0.9215 1.0000 1.0000 1.0000 \$51,120 \$51,120 \$51,120	\$285.11 \$518.13 \$448.92 774220C0110005 0.8252 1.0000 9.29% 7.188 1.0000 9.29% 7.188 1.0000 5615.60 574220C0110005 574220C0110005 5415.00 5415.	\$210.82 \$288.17 77422DC0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$493.78 74422DC0110007 77422DC0110007 77422DC0110007	5333.68 5454.99 77422D03110003 0.7984 1.0000 1.0000 1.0000 9.29% 1.18% 4.31% 1.0000 5995.61 77422D0313003 77422D0313003 5343.67 595.33	77422D0110006 77422D0110006 0.7379 1.0000 1.0000 1.0000 9.298 4.318, 1.0000 5550.47 77422D011400 77422D011400 5.0000 77422D011400 5.0000 77422D011400 5.0000 77422D011400 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0	77422DC0110004 9.8500 9.8500 1.0000 1.0000 1.0000 9.2985 4.3185 1.0000 \$634.10 77422DC0110048 \$589.11 77422DC0110428 \$590 \$25267	5153.42 5351.25 77422D00110001 0.5500 1.0000 1.0000 9.29% 4.31% 1.0000 5417.76 7.188% 7.188% 7.189	800/01 800/01 774220010002 774220010002 774220010000 774220010000 77422001000 77422001000 77422001000 77422001000 77422001000 77422001000 77422001000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 7742200100000 774220010000 774220010000 774220010000 7742200100000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 7742200100000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 7742200100000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 7742200100000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 774220010000 77422001000000 7742200100000 7742200100000 77422001000000 774220010000000000 7742200100000000000000000000000000000000	#00V/01 #00V	\$116.24 \$580.35 774220C0990001 0.0000 0.0000 0.0000 1.00000 1.000000 1.000000 1.00000 1	516.3 92 5758.99 774220C009005 1 0.0000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.000000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.	-5381.18 5585.58 774220C0090006 0.0000 1.0000 1.0000 9.29% 4.31% 1.0000 50.00 774220C009006 50.00	\$187.45 \$480.81 7742200009007 0.0000 1.0000 1.0000 9.29% 4.31% 1.0000 50.00 774220009007 774220009007 50.00	578.83 5456.83 774220C0090008 0.0000 0.0000 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.00000 1.000	
	2.17 Incurred Claims 2.18 Risk Agiltement Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan 10 Estandard Component ID) 3.2 Market Adjusted Index Rate 3.3 A van of Construction of Plan 3.4 Provider Network Adjustment 3.5 Revention 15 Starting Design of Plan 3.6 Provider Network Adjustment 3.6 Provider Network Adjustment 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.12 Geographic Adjustment 3.13 Description Factor 3.13 Calestrophic Adjustment Incurred 3.14 Calibrated Fan Adjusted Index Rate Section IV: Projected Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsyrance 4.4 Nember Cost Sharing 4.5 Cost Sharing 6.4 Cost Sh	\$350.80 \$16.21 \$442.23 \$442.23 \$442.23 \$0.9285 \$1.0006 \$1.0000	\$285.11 \$518.13 \$448.92 77422000110005 0.8252 1.0000 9.295 4.315, 1.0000 \$615.60 \$571.91 \$571.91	\$210.82 \$288.17 774220C0110007 0.6619 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$493.72 \$495.75 774220C0110007 774220C0110007	\$333.68 (\$454.99) 774220C0110003 0.7984 1.0000 1.0000 1.0000 5.29% 4.31% 1.0000 5.395.61 7.7220C0110003 7.7220C0110003 7.7220C0110003 7.7220C0110003 7.7220C0110003 7.7220C0110003 7.7220C0110003 7.7220C0110003	553.31 5882.26 77422D00110006 0.7379 1.0000 1.0000 9.298 4.315 1.0000 5550.47 77422D00110006 5132 5283 5383	774220C011004 0.8500 0.8500 1.0000 1.0000 1.0000 1.0000 1.0000 7.18% 4.31% 1.0000 5.034.10 774220C011004 1.0000 5.034.10	\$153.42 \$351.25 77422000110001 0.5500 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 5417.76 5388.12 77422000110001 77422000110001 9.00000 9.00000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0	801/01 801/01 7742/20011002 599, 0.8205 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 501.20 1.00 1.00 1.00 1.00 1.00 1.00 1.00	80/V01 801V/01 77422DC0110008 9.8 0.6966 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 5519.66 85 9.29% 7.18% 9.29% 7.18% 9.29%	\$116.24 \$580.35 774220C0990003 0.0000 0.0000 1.0000 1.0000 9.29% 4.33% 1.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.000 9.0	-516.322 5258.99 77422DC0090005 0.0000 0.0000 1.0000 9.29% 7.18% 4.31% 1.000 50.00 77422DC0090005 50 50 50 50	-538.18 (588.58) 77422DC0090006 (0.0000) 0.0000 (1.0000) 1.0000 (1.0000) 9.29% 7.18% 4.31% 1.0000 50.00 77422DC0090006 (9.0000) 50.00 50.00 50.00 50.00	\$187.45 \$480.81 77422DC0090007 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 20.00 9.00 9.71 9.00 9.71 9.72 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.0	\$78.83 \$456.83 \$77422DC0090008 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000000	
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	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Annount 2.19 Premium Section III: Plan Adjustment Factors 3.1 Plan IO Standard Component IO) 3.2 Market Adjusted index Rate 3.3 AV and oct Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Renefits in Addition to PRB Administrative Costs 3.6 Administrative Costs 3.6 Administrative Costs 3.7 Taxes and frees 3.7 Taxes and frees 3.8 Profit 8 Risk Load 3.0 Clastrophic Adjustment 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.13 Geographic Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate 5.14 Calibrated Plan Adjusted Index Rate 5.15 Calibrated Plan Adjusted Index Rate 4.18 Premium 4.18 Premium 4.2 Projected Plan Level Information 4.3 Premium 4.4 Remove Cost Sharing Reduction 4.5 Premium 4.5 Projected Member Months 4.6 Premium 4.7 Projected Plan Adjustment Transfer Annount 4.8 Premium 4.9 Projected Member Months 4.1 Remove Cest Sharing 4.1 Reinsurance 4.4 Remove Cost Sharing Reduction 4.5 Premium 4.1 Projected Member Months 4.1 Reinsurance	\$350.80 \$16.21 \$442.23 \$442	\$285.11 \$448.92 \$448.92 \$774220C0110005 0.8252 1.0000 9.29% 7.18% 1.0000 \$515.60 \$515.60 \$527.23 \$527.	\$210.82 \$288.17 77422DC0110007 0.06619 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 5493.78 \$458.75 77422DC0110007 \$3.062 5493.78 \$458.75	\$133.68 \$454.99 77422DC0110003 0.7984 1.0000 1.0000 1.0000 1.0000 5595.61 \$5553.35 \$7422DC0110003 \$54.907 \$3.004 \$	553.31 5885.26 0.774220C0110006 0.73970 1.00000 1.00000 1.00000 1.00000 1.00000 1.000	77422DC011003 1,000 1	\$153.42	801/01 801/01 7742/20011002 9.8205 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 5812.09 1.0000 5812.09 1.0000 5812.09 1.0000 5812.09 1.0000 5812.09 1.0000 5812.09 1.0000 5812.09 1.0000 5812.00 1.0000 5812.00 1.0000 5812.00 58	801/01 801	\$116.24 \$580.35 \$74220C0990003 \$0.000	\$153.92 \$258.99 77422DC0990005 0.0000 0.0000 1.0000 1.0000 1.0000 50.00 \$50.00	-538.18 -538.58 -538.58 -538.58 -6.00000 -6.00000 -6.00000 -6.000000 -6.0000000 -6.00000000 -6.0000000000	\$187.45 \$480.81 77422DC0090007 0.0000 0.0000 1.0000 1.0000 \$0.29% 7.18% 4.31% 1.0000 \$0.00	\$78.83 \$496.83 \$7422DC0990008 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0	
	2.17 Incurred Claims 2.18 Risk Aglustment Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan 10 (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 A van of Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Resentist in Addition to EVB Administrative Costs 3.5 Resentist in Addition to EVB Administrative Costs 3.5 Description Addition to EVB Administrative Costs 3.1 Toxes and Fees 3.2 Description Costs 3.3 Description Costs 3.3 Description Costs 3.1 Toxes and Fees 3.3 Description Factor 3.1 Description Factor 3.1 Description Factor 3.1 Description Costs 3.1 Description Factor 3.1 Calibration	\$350.80 \$16.21 \$442.23 \$442	\$285.11 \$518.13 \$448.92 77422DC0110005 0.8252 1.0000 1.0000 1.0000 \$515.00 \$515.00 77422DC0110005 \$514.105 \$515.00 \$514.105 \$515.00 \$514.105 \$514.1	\$210.82 \$288.17 \$288.17 \$288.17 \$288.17 \$288.17 \$288.17 \$288.17 \$289.1000 \$1.0000 \$1.0000 \$9.29% \$4.31% \$4.31% \$1.0000 \$4.93.76 \$2.0000 \$4.93.76 \$4.93.76 \$2.0000 \$4.93.76	\$333.68 (\$454.99) 7742200110003 0.7984 1.0000 1.0000 1.0000 1.0000 \$9.29% 4.31% 1.0000 \$595.61 \$10000 \$595.61 \$1,0000 \$595.61 \$1,0000 \$595.61 \$1,0000 \$595.61 \$1,0000	553.31 \$385.26 7742200110006 0.7379 1.0000 1.0000 9.29% 4.31% 1.0000 5550.47 7742200110006 \$51.190	551.76 (5.1.00) 77422DC0110004 0.8500 1.00000 1.00000 1.00000 9.2188 4.3118 1.0000 5693.110 77422DC0110004 2.5289.511 2.5280 5.5280	\$153.42 \$351.25 \$7742200110001 0.5600 1.0000 1.0000 1.0000 1.0000 5.29% 4.31% 1.0000 5.417.76 5.417.76 1.0000 5.417.76 5.41	801/01 8011/01 774220011000 1,	801/01 8011/01 7742200110008 9.29% 1.0000 5.29% 4.31% 1.0000 5519.66 85 60 60 77422000110008 77422000110008 5.318	\$116.24 \$580.35 774220C0990003 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.00000000	\$153.92 \$75420C0090005 0.00000 0.0000 0.	-538.18 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5388.58 (18) 5389.59 (18) 5389.	\$187.45 \$480.81 77422DC0990007 0.0000 1.0000 1.0000 2.28% 2.28% 2.28% 3.21% 1.0000 50.00	\$78.83 \$456.83 \$7422DC0090008 0.0000 0.0	
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount 2.19 Fremium Section III: Plan Adjustment Factors 3.1 Plan 10 (Standard Component Factors 3.3 Plan 10 (Standard Component 10) 3.3 Market Adjusted Index Rate 3.3 A van of Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Renefits in Addition to FIRB Administrative Costs 3.5 Renefits in Addition to FIRB Administrative Costs 3.6 Administrative Costs 3.7 Taxes and fress 3.8 Description of Plan 3.9 Catalonghor Administrative Expense 3.1 Taxes and fress 3.1 Taxes and fress 3.1 Description Factor 3.10 Plan Adjusted Index Rate 3.10 Plan Adjusted Index Rate 3.11 Age Calibration Factor 3.13 Costs Calibration Factor 3.14 Calibrate Calibration Factor 3.15 Catalonghor Calibration Factor 3.16 Calibration Factor 3.17 Calibration Factor 3.18 Calibration Factor 3.19 Catalonghor Calibration Factor 3.11 Calibrate Calibration Index Rate Section IV: Projected Plan Level Information 4.1 Plan IO (Standard Component ID) 4.2 Allowed Claims 4.3 Projected Claims 4.4 Perspected Claims 4.1 Personal Claims 4.10 Personal Claims 4.11 Reinvannee 4.12 Reinvannee 4.13 Reinvannee 4.14 Monther Cost Sharing 4.12 Cost Sharing Reduction	\$350.80 \$16.21 \$442.23 \$442	\$285.11 \$518.13 \$448.92 0.8252 1.0000 1.0000 1.0000 5.05.1 1.00000 5.05.1 1.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.00000 5.0000 5.00000 5.00000 5.00000 5.00000 5.0000 5.00000 5.0000 5.00000 5.00000 5.00000 5.00000 5.00000 5.00000 5.00000 5.00000	\$210.82 \$288.17 \$288.17 \$288.17 \$288.17 \$288.17 \$288.17 \$288.17 \$290.00 \$1.0000 \$1.0000 \$2.000 \$4.00000 \$4.0000 \$4.0000 \$4.0000 \$4.0000 \$4.0000 \$4.0000 \$4.0000 \$4.000	\$333.68 (\$454.99) 7742200110003 0.7984 1.0000 1.0000 1.0000 1.0000 5959.61 5959.61 5959.61 5959.61 5959.61 5959.61 5959.61 5959.61	553.31 5385.26 77422DC0110006 0.7379 1.0000 1.0000 9.29% 4.31% 1.0000 5550.47 77422DC0110006 51140 55181 551	551.76 (5.00 m) (5.00	\$153.42 \$351.25 \$774220C0110001 0.5600 1.0000 1.0000 1.0000 1.0000 5.0	801/01 801/01 901/01 774220011002 5,08205 1,0000 1,0000 1,0000 5,025 1,000 5,012,09 1,000	801/01 8011/01 8011/01 7742200110008 0.6966 1.0000 1.0000 1.0000 5319.66 85 80 90 919.67 919.	\$116.24 \$580.35 774220C0990003 0.0000 0.0000 1.0000 1.0000 9.29% 7.18% 4.31% 1.0000 \$0.00 9.00 9.00 9.00 9.00 9.00 9.0	-515.32 2558.99 774220C0090005 0.00000 0.0000 0	-538.18 (18) 5588.58 (18) 5588.58 (18) 5588.58 (18) 5588.58 (18) 5588.58 (18) 5588.58 (18) 5588.58 (18) 5588.58 (18) 5588.58 (18) 558.00 (18) 558.00 (18) 558.58 (18) 559.59 (\$187.45 \$480.81 77422DC0090007 0.0000 0.0000 1.0000 1.0000 \$0.0000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.00000 \$0.000000 \$0.00000 \$0.00000 \$0.00000 \$0.000000 \$0.00000000	\$78.83 \$456.83 \$7422DC0090008 0.0000 0.0	

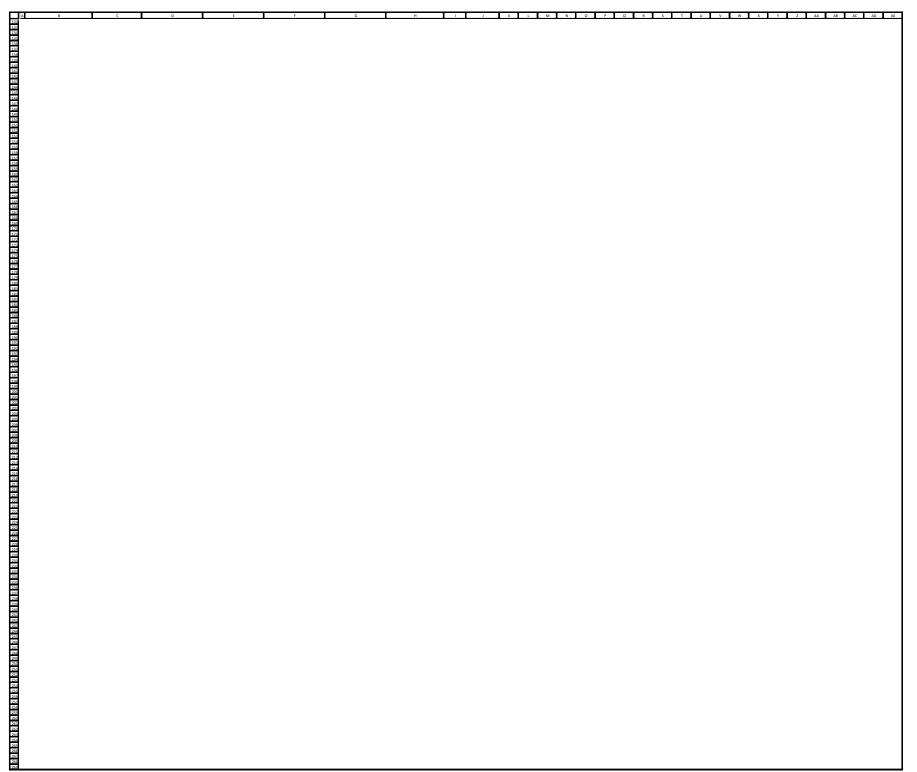
Rating Area Data Collection

Specify the total number of Rating Select only the Rating Areas you ar To validate, select the Validate but To finalize, select the Finalize butto

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Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R. re offering plans within and add a factor for each area. ton or Ctrl + Shift + I. on or Ctrl + Shift + F.

A B C D E	F G H	1 J K L M N O P Q R S T U V W X Y Z AA A8 AC AD AE
Unified Rate Review v5.0		To add a product to Worksheet 2 - Plan Product Infa, select the Add Product button or Ctrl + Shift + P.
Company Legal Name: Aetna Life Insurance Company HIOS Issuer ID: 77422	SI	To add a Jan to Worksheet 2 - Pan Product Info, select the Add Pan button or Ctrl + Shift + L. **To validate, select the Validate button or Ctrl + Shift + I. **Smill Group To finalize, select the Validate button or Ctrl + Shift + I.
HIOS Issuer ID: 77422 Effective Date of Rate Change(s): 01/01/2020	N	arket: Small Group To finalize, select the Finalize button or Ctrl + Shift + F.
Market Level Calculations (Same for all Plans)		
Section I: Experience Period Data Experience Period: 01/01/2018 to Total	12/31/2018	
Total Allowed Claims \$4,819,959	PMPM 5445.22	
Allowed Claims \$4,819,951 Remarker \$4,819,951 Remarker \$5,819,951 Remarker \$5,919,951 Remarker \$5,919,951	0 \$0.00 17 \$350.80	
Risk Adjustment \$175,519 Experience Period Premium \$4,787,529	\$16.21	
Experience Period Premium \$4,787,528 Experience Period Member Months 10,	16	
Section II: Projections Year 1 Trend	Year 2 Trend	
Experience Period Index Year 1 Irend	Trended EHB Allowed Claims Cost Utilization PMPM	
Inpatient Hospital \$82.44 1.059 1.059 Outpatient Hospital \$60.60 1.041 1.041	8 1.059 1.028 \$97.70	
Professional \$137.11 1.015 1.015 Other Medical \$62.53 1.041 1.04	3 1.015 1.063 \$159.61	
S0.00 1.00		
Prescription Drug 599.65 1.117 1) Total \$442.53	1.117 1.033 514.754 \$542.46	
Morbidity Adjustment	1.055	
Morbidity Adjustment Demographic Shift Plan Design Changes	1.055 1.108 1.000	
Other Adjusted Trended EHB Allowed Claims PMPM for 01/01/2020	1.042 \$660.73	
Manual EHB Allowed Claims PMPM	\$555.64	
Applied Credibility %	47.00%	
Resident display that for	Projected Period Totals	
Projected Index Rate for 01/01/2020 Resourance Risk Adjustment Payment/Charge	\$605.03 \$62,923.12 \$0.00 \$0.00	
Luffled Rate Review v5.0 Company Legal Name:	\$3.22 \$334.88 0.00% \$0.00 \$668.25 \$63,258.00	
Market Adjusted Index Rate		
Projected Member Months	104	
Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may	privileged and confidential. It is for internal government use only and must not be disseminated. distributed	or copied to persons not authorized to receive the information. Unauthorized disclosure may result in
<u> </u>	prosecution to the full extent of the law.	
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Product-Plan Data Collection

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

Company Legal Name: State: To validate, select the Validate button or Ctrl + Shift + I.

77422

HIOS Issuer ID: Effective Date of Rate Change(s): To finalize, select the Finalize button or Ctrl + Shift + F. Market: 01/01/2020

Product	/Dlan	Level	Calc	dations

Fie	d # Section I: General Product and Plan Information 1.1 Product Name					ElectChoiceC	hoon Accord				Aetna Preferred Provider Organization					
-	1.2 Product ID					774220						,		2DC009		
\vdash	1.2 Floduct ID		Aetna Gold	Aetna Silver	Aetna Gold	Aetna Silver	Aetna Gold	Aetna Bronze	Aetna Gold	Aetna Silver			77422	0000		
			OAEPO 70%	OAEPO 4800 80%	OAEPO 1650 100%	OAEPO 3000 100%	OAEPO 500 90%	OAEPO 6000 80%	OAEPO 1500 90%	OAEPO 2800 90%	DC Silver PPO	DC Bronze PPO	DC Silver PPO	DC Gold PPO 1600	DC Gold PPO 500	DC Gold PPO 70
	1.3 Plan Name		\$25/40 T	\$25/40 E	HSA T	HSA E	\$25/40 E	\$15/50 E	E	HSA E	3000 100 50 HSA E	5000 80 50 HSA E	4500 80 50	100 50 HSA T	90 50	50
	1.4 Plan ID (Standard Component ID)		77422DC0110005	77422DC0110007	77422DC0110003	77422DC0110006	77422DC0110004	77422DC0110001	77422DC0110002	77422DC0110008	77422DC0090003	77422DC0090005	77422DC0090006	77422DC0090007	77422DC0090008	77422DC0090009
	1.5 Metal		Gold	Silver	Gold	Silver	Gold	Bronze	Gold	Silver	Silver	Bronze	Silver	Gold	Gold	Gold
<u> </u>	1.6 AV Metal Value		0.819	0.720	0.795	0.713	0.798	0.611	0.792	0.713	0.714	0.620	0.710	0.791	0.802	0.813
-	1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated
⊢	1.8 Plan Type 1.9 Exchange Plan?	-	EPO Yes	EPO Yes	EPO Yes	EPO Yes	EPO Yes	EPO Yes	EPO Yes	EPO Yes	PPO No.	PPO No	PPO No	PPO No.	PPO No	PPO No
-	1.9 Exchange Plan? 1.10 Effective Date of Proposed Rates	-	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020	01/01/2020
	1.11 Cumulative Rate Change % (over 12 mos prior)		14.35%	14.81%	5.35%	16.55%	8.18%	23.57%	1.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	1.12 Product Rate Increase %		14.3370	14.01/0	3.3370	7.76		23.3770	2.54/0	0.0070	0.00%	0.00%		0.00%	0.0074	0.0070
	1.13 Submission Level Rate Increase %								7.7	6%						
	· ·															
s	Section II: Experience Period and Current Plan Level															
	2.1 Plan ID (Standard Component ID)	Total	77422DC0110005	77422DC0110007	77422DC0110003		77422DC0110004	77422DC0110001	77422DC0110002				77422DC0090006			77422DC0090009
	2.2 Allowed Claims	\$4,819,959	\$437,312	\$1,281	\$1,366,201	\$610,552	\$1,514,047	\$63,892	\$0	\$0	\$68,984	\$573	\$2,122		\$390,808	\$219,694
	2.3 Reinsurance 2.4 Member Cost Sharing	\$0 \$1,022,168	\$0 \$81,209	\$0 \$463	\$0 \$268,869	\$0 \$132,764	\$0 \$275,702	\$0 \$40,128	\$0 \$0	\$0 \$0		\$0 \$338	\$0 \$1,875	\$0 \$53,304	\$0 \$87,411	\$0 \$57,765
	2.4 Member Cost Sharing 2.5 Cost Sharing Reduction	\$1,022,168	\$81,209 \$0	\$463	\$268,869	\$132,764	\$275,702	\$40,128 \$0	\$0 \$0	\$0		\$338	\$1,875		\$87,411	\$57,765
91	2.5 Cost Sharing Reduction 2.6 Incurred Claims	\$3,797,791	\$356 103	\$818	\$1,097,332	\$477.788	\$1,238,345	\$23,764	ŞU SO	\$0		\$235	\$247	\$91,191	\$303.397	\$161,929
19	2.7 Risk Adjustment Transfer Amount	\$175,519	-\$168,773	-\$11,384	\$764,121	-\$62,589	-\$162,108	-\$35,134	\$0	\$0		-\$3,114	-\$5,718	-\$138,340	\$80,955	-\$66,240
29	2.8 Premium	\$4,787,529	\$560,706	\$15,561	\$1,041,922	\$452,294	\$1,412,860	\$80,437	\$0	\$0		\$4,921	\$8,829	\$340,081	\$469,163	\$320,087
26	2.9 Experience Period Member Months	10,826	1,249	54	2,290	1,174	3,132	229	0	0		19	15	738	1,027	760
	2.10 Current Enrollment	1,697	388	59	388	59	388	27	388	0	0	0	0	0	0	0
	2.11 Current Premium PMPM	\$462.67	\$443.82	\$354.57	\$466.06	\$389.35	\$483.22	\$278.72	\$497.97	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.12 Loss Ratio	76.52%	90.86%	19.58%	60.76%	122.60%	99.01%	52.45%	#DIV/0!	#DIV/0!	72.30%	13.02%	7.95%	45.20%	55.15%	63.79%
	Per Member Per Month	\$445.22	\$350.13	\$23.72	\$596.59	\$520.06	\$483.41	\$279.00	#DIV/0!	#DIV/0!	\$496.29	\$30.17	\$141.48	\$195.79	\$380.53	\$289.07
	2.13 Allowed Claims 2.14 Reinsurance	\$445.22 \$0.00	\$350.13	\$23.72	\$596.59	\$520.06	\$483.41	\$279.00	#DIV/0!	#DIV/0!	\$496.29	\$30.17	\$141.48	\$195.79	\$380.53	\$289.07
	2.15 Member Cost Sharing	\$94.42	\$65.02	\$8.57	\$117.41	\$113.09	\$88.03	\$175.23	#DIV/0!	#DIV/0!	\$160.72	\$17.79	\$125.00	\$72.23	\$85.11	\$76.01
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$350.80	\$285.11	\$15.15	\$479.18	\$406.97	\$395.38	\$103.77	#DIV/0!	#DIV/0!	\$335.57	\$12.38	\$16.48	\$123.56	\$295.42	\$213.07
	2.18 Risk Adjustment Transfer Amount	\$16.21	-\$135.13	-\$210.82	\$333.68	-\$53.31	-\$51.76	-\$153.42	#DIV/0!	#DIV/0!	-\$116.24	-\$163.92	-\$381.18	-\$187.45	\$78.83	-\$87.16
	2.19 Premium	\$442.23	\$448.92	\$288.17	\$454.99	\$385.26	\$451.10	\$351.25		#DIV/0!	\$580.35	\$258.99	\$588.58	\$460.81	\$456.83	\$421.17
							2431.10	3331.23	#DIV/0!	WDIV/U:	7300.33					J-1.17
						7303.20	J-51.10	3331.23	WDIV/O!	#DIV/U!	Ş300.33	J230.33	77.00.00			Q-74-A-A-
	Section III: Plan Adjustment Factors										, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
F	3.1 Plan ID (Standard Component ID)		77422DC0110005	77422DC0110007	77422DC0110003				77422DC0110002	77422DC0110008	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77422DC0090005	77422DC0090006			
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate		•			77422DC0110006	77422DC0110004	77422DC0110001	77422DC0110002 \$60	77422DC0110008 8.25	77422DC0090003	77422DC0090005		77422DC0090007	77422DC0090008	77422DC0090009
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan		0.8252	0.6619	0.7984	77422DC0110006	77422DC0110004	77422DC0110001	77422DC0110002 \$60 0.8205	77422DC0110008 8.25 0.6966	77422DC0090003	77422DC0090005 ;	0.0000	77422DC0090007	77422DC0090008	77422DC0090009
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate		•			77422DC0110006	77422DC0110004	77422DC0110001	77422DC0110002 \$60	77422DC0110008 8.25	77422DC0090003 0.0000 0.0000	77422DC0090005		77422DC0090007 0.0000 0.0000	77422DC0090008	77422DC0090009
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Network Adjustment		0.8252 1.0000	0.6619 1.0000	0.7984 1.0000	77422DC0110006 0.7379 1.0000	77422DC0110004 0.8500 1.0000	77422DC0110001 0.5600 1.0000	77422DC0110002 \$60 0.8205 1.0000	77422DC0110008 8.25 0.6966 1.0000	77422DC0090003 0.0000 0.0000	77422DC0090005 ; 0.0000 0.0000	0.0000	77422DC0090007 0.0000 0.0000	77422DC0090008 0.0000 0.0000	77422DC0090009 0.0000 0.0000
	3.1 Plan ID (Standard Component ID) 3.2 Market Algisted Index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to FHB Administrative Costs 3.6 Administrative Expense		0.8252 1.0000 1.0000 9.06%	0.6619 1.0000 1.0000 9.06%	0.7984 1.0000 1.0000 9.06%	77422DC0110006 0.7379 1.0000 1.0000	77422DC0110004 0.8500 1.0000 1.0000 9.06%	77422DC0110001 0.5600 1.0000 1.0000	77422DC0110002 \$60 0.8205 1.0000 1.0000	77422DC0110008 8.25 0.6966 1.0000 1.0000	77422DC0090003 0.0000 0.0000 1.0000 9.06%	77422DC0090005 7 0.0000 0.0000 1.0000 9.06%	0.0000 0.0000 1.0000 9.06%	77422DC0090007 0.0000 0.0000 1.0000 9.06%	77422DC0090008 0.0000 0.0000 1.0000 9.06%	77422DC0090009 0.0000 0.0000 1.0000 9.06%
	3.1 Plan ID/Standard Component ID) 3.2 Market Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to tHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees		0.8252 1.0000 1.0000 9.06% 7.17%	0.6619 1.0000 1.0000 9.06% 7.17%	0.7984 1.0000 1.0000 9.06% 7.17%	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17%	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17%	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17%	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17%	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17%	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17%	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17%	0.0000 0.0000 1.0000 9.06% 7.17%	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17%	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17%	77422DC0090009 0.0000 0.0000 1.0000 9.05% 7.17%
	3.1 Plan I O'Standard Component ID	_	0.8252 1.0000 1.0000 9.06% 7.17% 4.31%	0.6619 1.0000 1.0000 9.06% 7.17% 4.31%	0.7984 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%
	3.1 Plan IO (Standard Component ID) 2.2 Market Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 4.3 Provider Network Adjustment 5.5 Benefits in Addition to tell Administrative Costs 3.6 Administrative Costs 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.0 Catastropisk Adjustment	_	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000
	3.1 Plan I O'Standard Component ID		0.8252 1.0000 1.0000 9.06% 7.17% 4.31%	0.6619 1.0000 1.0000 9.06% 7.17% 4.31%	0.7984 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31%
	3.1 Plan IO (Standard Component ID) 2.2 Market Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to tHe Administrative Costs 3.6 Administrative Costs 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.0 Plan Adjusted Index Rate		0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$628.08	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$533.23	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000
	3.1 Plan I O'Standard Component ID) 3.2 Market Adjusted index Rate 3.3 AV and Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to 1H8 Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees 3.3 Eartoris R Risk Load 3.3 Cattorish R Risk Load 3.5 Cattorish R Risk Load 3.1 Plan Adjusted index Rate 3.1 Plan Adjusted index Rate	0.9285	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$628.08	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$533.23	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000
Ē	3.1 Plan IO (Standard Component ID) 2.2 Market Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to tHe Administrative Costs 3.6 Administrative Costs 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.9 Catastrophic Adjustment 3.0 Plan Adjusted Index Rate		0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$628.08	77422DC0110008 8.25 0.6965 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$533.23	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000
	3.1 Plan ID (Standard Component ID)	0.9285 1.0006	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$628.08	77422DC0110008 8.25 0.6965 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$533.23	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090005 7 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000
E	3.1 Plan IO (Standard Component ID) 3.2 Manket Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 Even Standard Cost Sharing Design of Plan 3.5 Benefits in Addition to PH Administrative Costs 3.6 Administrative Expense 3.7 Isses and Teets 3.3 Clastropher Adjustment 1.0 Plan Adjustment 1.0 Plan Adjustment 1.1 Plan Adjustment 1.1 Age Calibration Factor 1.1.2 Georgraphic Calibration Factor 1.3 Tobacco Calibration Factor 1.3 Tobacco Calibration Factor 1.3 Tobacco Calibration Factor 1.3 Tobacco Calibration Factor	0.9285 1.0006	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$631.67	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$506.67	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$611.16	77422DC0110006 0.7379 1.0000 1.0000 9.05% 4.13% 4.1000 \$5564.85	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$650.66	774220C0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$428.67	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$628.08	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$533.23	77422DC0090003 0.0000 0.0000 1.0000 9.06% 9.13% 4.1300 50.00	77422DC0090005 : 0.0000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	774220C099009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00
	3.1 Plan IO (Standard Component ID) 2.2 Market Aglusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to tHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.9 Clastroppis Adjustment 3.0 Plan Adjustment 3.0 Plan Adjustment 3.11 Age Calibration Factor 1.12 Geographic Calibration Factor 1.13 Tobsoco Calibration Factor 1.14 Calibrated Plan Adjusted Index Rate Section IV: Projected Plan Level Information	0.9285 1.0006 1.0000	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$631.67	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$506.67	0.7984 1.0000 1.0000 9.0698 7.17% 4.31% 1.0000 \$611.16	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.13% 4.10000 5564.85	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$650.66	774220C0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$428.67	77422DC0110002	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$533.23	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.17% 4.1300 50.00	774220C090005 2 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	77422DC0090008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	774220C0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00
E	3.1 Plan IO (Standard Component ID) 2.2 Manket Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 Event Cost Sharing Design of Plan 3.5 Benefits in Addition to IPIH Administrative Costs 3.6 Administrative Expense 3.6 Administrative Expense 3.8 Profit & Rist Load 3.3 Clastropher Adjustment 3.0 Clastropher Adjustment 3.0 Clastropher Adjustment 3.10 Plan Adjusted Index Rate 3.13 Age Callabrotion Factor 3.13 Georgraphic Calibration Factor 3.15 Clastropher Calibration Factor 3.16 Clastropher Calibration Factor 3.17 Clastropher Calibration Factor 3.18 Collabration Factor 3.19 Collab	0.9285 1.0006 1.0000	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$631.67	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$506.67	0.7984 1.0000 1.0000 9.05% 7.17% 4.31% 1.0000 \$611.16	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.13% 4.33% 1.0000 5564.85	77422DC0110004 0.8500 1.0000 1.0000 9.0656 7.1756 4.318 1.0000 \$650.66	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$428.67	77422DC0110002 S60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$628.08 0.99 1.0.0 \$583.52	77422DC0110008 2.25 0.6966 1.0000 1.0000 9.0656 7.17% 4.31% 1.0000 \$533.23 285 000 \$495.40	77422DC0090003 0.0000 0.0000 1.0000 9.06% 9.17% 4.13% 0.000 50.00 77422DC0090003	774220C0990005 2 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.000000	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 50.00 \$0.00	77422DC0090007 0.0000 0.0000 1.0000 1.0000 9.06% 4.11% 4.11% 1.0000 \$0.00 \$0.00	77422DC0090008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 774220C0090009
E	3.1 Plan IO Standard Component ID	0.9285 1.0006 1.0000	0.8252 1.0000 1.0000 9.0694 7.1796 4.3196 1.0000 5631.67 5586.86	0.6619 1.0000 1.0000 9.069 7.12% 4.31% 1.0000 \$506.67	0.7984 1.0000 1.0000 9.069% 7.17% 4.31% 1.0000 \$611.16 77422DC0110003	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.19% 1.0000 5564.85	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$650.66	774220C0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$428.67 774220C0110001 \$1,054	77422DC0110002 \$60 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$628.08 0.9 1.0 1.0 \$77422DC110002 \$14,478	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 1.0000 \$533.23 285 006 000 \$495.40 77422DC0110008 \$1,181	77422DC0090003 0.0000 0.0000 1.0000 9.06% 4.37% 4.30% 5.000 77422DC0090003	774220C099005 774220C099005 5 0	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	77422DC0090007 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00 77422DC0090007 77422DC0090007	77422DC0090008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00 77422DC0090008	77422DC0090009 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00 \$0.00 77422DC0090009 50
E	3.1 Plan IO Standard Component ID) 3.2 Manket Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to DHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.0 Catatrophic Adjustment 3.0 Plan Adjustment 3.0 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Foliaco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate 5.15 Cost Control Cost Cost Cost Cost Cost Cost Cost Cost	0.9285 1.0006 1.0000 Total \$62,909	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$631.67 \$586.86	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$506.67 \$470.73	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$611.16 \$77422DC0110003 \$14,726	77422DC0110006 0.7379 1.0000 1.0000 9.06% 7.13% 1.0000 5564.85 5524.78	774220C0110004 0.8500 1.0000 1.0000 9.0655 7.1756 4.3156 1.0000 5650.66 \$604.50 774220C0110004 \$14,675 \$550.56	77422DC0110001 0.5600 1.0000 1.0000 9.065 7.175 4.318 1.0000 5428.67 77422DC0110001 51,054	77422DC0110002 \$50 0.8205 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$528.08 0.9 1.0 5583.52	77422DC0110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$533.23 285 006 007422DC0110008 \$1,181 \$5,181	77422DC0090003 0.0000 0.0000 1.0000 9.06% 7.13% 1.90.00 50.00 77422DC0090003	774220C0990005 3 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.3000 50.000 774220C0990005 3 50.00	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00 \$0.00	77422DC0090007 0.0000 0.0000 1.0000 1.0000 9.06% 4.13% 4.13% 1.0000 50.00 77422DC0090007 50	77422DC0090008 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 77422DC0090008 50	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 774220C0090009 50 50
E	3.1 Plan IO Standard Component ID	0.9285 1.0006 1.0000 Total \$62,909 \$0 \$11,863	0.8252 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$631.67 77422DC0110005 \$14,518 \$50 \$2,236	0.6619 1.0000 1.0000 9.0669 7.17% 4.31% 1.0000 \$506.67	0.7984 1.0000 1.0000 1.0000 9.0695 7.1795 1.0000 \$611.16 \$567.80 77422DC0110003 \$14,726 \$9.0 \$3,133	77422DC0110006 0.7309 1.0000 1.0000 9.05% 1.1000 5.564.85 5.524.78	77422DC0110004 0.8500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$650.66 \$7422DC0110004 \$14.675 \$0 \$2,333	77422DC0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$428.67 \$398.26 \$398.26	77422DC0110002 5500 0.8205 1.0000 1.0000 9.06% 7.17% 1.0000 5028.88 1.000 1.0000 5028.88 2.5583.52 77422DC0110002 534478 50	7742200110008 8.25 0.6966 1.0000 1.0000 9.06% 7.17% 1.0000 5.5533.23 2285 2285 2285 2495.40 5495.40 5742200110008 5.1181 5.000	77422DC0090003 0.0000 0.0000 1.0000 1.0000 9.015% 4.13000 \$0.00 \$0.00 77422DC009000 \$0.00	77422DC099005 : 0.0000 0.0000 1.0000 1.0000 9.01% 4.31% 1.0000 50.00 77422DC099005 : 50.00	0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00	77422DC0090007 0.0000 0.0000 1.0000 1.0000 9.0000 7.127% 4.31% 1.0000 \$0.00 77422DC0090007 50.00	77422DC099008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 77422DC090008 50 50	77422DC0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$0.00 \$0.00 77422DC0090009 \$0.00
E	3.1 Plan IO Standard Component ID) 3.2 Manket Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to DHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.0 Catatrophic Adjustment 3.0 Plan Adjustment 3.0 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Costander Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate 5.15 Cost Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate 5.15 Cost Charling Addition Cost Cost Cost Cost Cost Cost Cost Cost	0.9285 1.0006 1.0000 Total 562,909 50 511,863 513,963	0.8252 1.0000 1.0000 9.065% 7.175% 4.315% 1.0000 \$631.67 \$586.86 77422DC0110005 \$14,518 \$0,52,536 \$2,536	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$506.67 77422DC0110007 \$1,093 \$0 \$292 \$3366	0.7984 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$611.16 \$567.80 77422DC0110003 \$34,726 \$0 \$3,133 \$3,133	77422DC0110006 0.73090 1.0000 1.0000 1.0000 9.00% 9.17% 4.130% 5.564.85 5524.78 77422DC0110006 5.184 5.184 5.291	77422DC0110004 0.8500 1.0000 1.0000 9.0855 7.12755 1.0000 5600.66 5604.50 77422DC0110004 51,6775 50,333 52,388	774220C0110001 0.5500 1.0000 1.0000 9.005, 7.1775, 1.0000 \$428.67 \$398.26 774220C0110001 \$5,054 \$5,054 \$5,054 \$5,054 \$5,054 \$5,054	77422DC0110002 0.8205 0.8205 0.8205 1.0000 1.0000 9.06% 4.31% 1.0000 0.99 1.00 1.000 0.99 1.00 1.000 7.17%	774220011008 8 8 25 25 25 25 25 25 25 25 25 25 25 25 25	774220C0000003	77422DC099005 ; 0.0000 0.0000 1.0000 1.0000 9.06% 4.31% 1.0000 50.00 77422DC099005 ; 50.00 50.00	0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 5.000 \$0.0000 \$0.0000 \$	77422DC0090007 0.0000 0.0000 1.0000 9.06% 7.17% 4.31% 1.00% 50.00 77422DC0090007 50 50 50	77422DC0090008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 \$0.00 77422DC0090008 50 50 50 50	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 \$0.00 774220C0090009 50 50 50 50 50
Ē	3.1 Plan IO Standard Component ID	0.9285 1.0006 1.0000 Total \$62,909 \$0 \$11,863	0.8252 1.0000 1.0000 9.065% 7.17% 4.313% 1.0000 5631.67 5586.86 77422DC0110005 514,518 50 52,236 52,236 52,236 53,357	0.6619 1.0000 1.	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$611.16 \$567.80 77422DC0110003 \$14,726 \$5,313 \$5,313 \$5,8581 \$5,8581	7742200110006 0.7379 0.7379 1.0000 1.0000 9.00% 4.31% 4.31% 1.0000 5504.85 7742200110006 53.184 53.184 53.185 53.184 53.185 53.185 53.186	774220C0110004 0.8500 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5600.66 5600.50 774220C0110004 774220C0110004 52.333 52.988 53.374	774220C0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5428.67 5398.26 774220C0110001 774220C0110001 5376 5376 5418 5418 5418 5418 5418 5418 5418 5418	774220C0110002 500 0.8205 1.0000 1.0000 1.0000 5008 9.06% 4.31% 1.0000 50128.08 1.00 1.0000 50128.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08 50138.08	774220C0110008 8.25 1.0000 1.0000 1.0000 9.00%, 4.31%, 1.0000 1.0000 5.553.23 285 285 5.1818 5.188 5.188 5.188 5.189 5.504	77422000000031 0.00000 0.00000 1.00000 9.019% 4.311% 1.00000 50.00 7742200000031 7742200000035 50 50 50 50 50 50 50 50 50 50 50 50 50	77422DC0900005 77422DC0900005 50 00 50 0	0.0000 0.0000 1.00000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.00000 1.00000	774220C000007	774220C0990008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 774220C090008 90 90 90 90 90 90 90 90 90 90 90 90 90	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 50.00 774220C0090009 50 50 50 50 50 50 50
Ē	3.1 Plan IO (Standard Component ID) 2.2 Market Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to tHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.0 Eatorophic Adjustment 3.0 Plan Adjustment 3.0 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 1.12 Geographic Calibration Factor 1.13 Tobsoco Calibration Factor 1.14 Calibrated Plan Adjusted Index Rate Section IV: Projected Plan Level Information 4.1 Plan IO (Standard Component ID) 4.2 Allowed Claim 4.3 Reinsurance 4.4 Menuber Cost Sharing 4.5 Cost Sharing Reduction 4.5 Cost Sharing Reduction 4.6 Incurred Claims	0.9285 1.0006 1.0000 Total 552,909 50 511,863 513,016 538,930	0.8252 1.0000 1.0000 9.0656 7.1756 4.3156 1.0000 5631.67 5586.86 774220C0110005 514,518 50 52,526 59,357	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$506.67 \$470.73 77422DC0110007 \$1,093 \$0 \$292 \$306 \$495	0.7984 1.0000 1.0000 1.0000 9.0695 7.1795 1.0000 \$611.16 \$567.80 77422DC0110003 \$14,726 9.0 \$3,131 \$3,012 \$8,581	7742200110006 7742200110006 774220110006 774220110006 774220110006 774220110006 774220006 774220006	774220C0110004 0.8500 1.0000 1.0000 9.06%, 7.17%, 4.31%, 1.0000 \$550.56 774220C0110004 \$14,675 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	774220C0110001 0.5500 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$428.67 774220C0110001 774220C0110001 5.004 5.005 5	774220C0110002 500 0.8205 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.000000 1.000000 1.0000	7742200110008 8.25 0.6966 1.0000 1.0000 1.0000 9.0696 9.17178 4.3116 1.0000 5533.23 285 000 7742200110008 5495.40 593.338 5338	77422000000031 0.00000 0.00000 1.00000 9.019% 4.311% 1.00000 50.00 7742200000031 7742200000035 50 50 50 50 50 50 50 50 50 50 50 50 50	774220C090005 : 0.0000	0.0000 0.0000 1.0000 1.0000 9.06% 4.31% 4.31% 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00 5.0.00	774220C000007	774220C090008 0.00000 0.00000 0.0000000 0.00000000	774220C0090009 0.0000 1.0000 1.0000 1.0000 9.005, 7.17% 4.31% 1.0000 \$9.000 \$9.000 774220C00900000 \$9.000 \$9.000
	3.1 Plan IO Standard Component ID 3.2 Market Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to Plan 4.5 Benefits in Addition to Plan 4.6 Ministrative Costs 3.6 Administrative Expense 3.7 Taxes and Fees 3.8 Profit & Risk Load 3.0 Clastropich Adjustment 3.0 Plan Adjustment 3.0 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 1.12 Geographic Calibration Factor 1.13 Costs Calibration Factor 1.14 Calibrated Fina Adjusted Index Rate 5. Section IV. Projected Plan Level Information 4.1 Plan ID Standard Component ID 4.2 Allowed Claims 4.3 Beinssance 4.4 Member Cost Sharing 4.5 Cost Sharing 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Projected Member Months 4.8 Projected Member Months 4.8 Projected Member Months	0.9285 1.0006 1.0000 562,909 50,901 513,016 583,030 527,527 54,581	0.8252 1.0000 9.06%, 7.17%, 4.31%, 1.0000 \$631.67 \$596.86 \$77422000110005 \$14.518 \$0.52,536 \$9.337 \$9.337	0.6619 1.0000 1.	0.7884 1.0000 1.0000 9.005 7.1276 1.0000 5611.16 5567.80 574220C0110003 5547.26 55.313 55.313 55.315 55.25	774220C0110006 0.7379 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5504.78 774220C0110006 53.184 53.194 53.195	774220C0110004 0.8500 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5604.50 5604.50 5604.50 574220C0110004 21.4875 52.333 21.988 53.374 566 515.615	774220C0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5428.67 5398.26 774220C0110001 774220C0110001 5326 5326 5326 5326 5327 5428.7	774220C0110002 500 0.8205 1.0000 1.0000 1.0000 9.06% 4.31% 1.0000 50128.08 1.00 1.0000 50128.08 1.00 1.0000 50128.08 50138.08 50130	774220C0110008 8.2.25 1.0000 1.0000 1.0000 9.06%, 4.31%, 1.0000 1.0000 5.553.23 225 225 235 5.1,1818 5.3189 5.5040 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050 5.5050	774220C0000003 0.0000 0.0000 1.0000 9.05% 4.31% 1.0000 50.00 50.00 774220C000003 99 99 99 99 99 99 99 99 99 99 99 99 99	77422DC0990005 77422DC0990005 77422DC0990005 50 00 50	0,0000 0,000	774220C000007	774220C090008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 774220C090008 9.00 9.00 9.00 9.00 9.00 9.00 9.0	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 50.00 774220C0090009 50 50 50 50 50 50 50
	3.1 Plan IO (Standard Component ID) 3.2 Manket Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to 1HB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Tees 7.7 Taxes and Tees 7.0 A Risk Load 3.9 Catalysted Index Rate 3.1 Plan Adjusted Index Rate 3.1 Plan Adjusted Index Rate 3.2 Catalysted Index Rate 3.3 Catalysted Index Rate 3.4 Gallistration Factor 3.1 Topics California of Factor 3.1 Topics California of Factor 3.2 Factor California 3.3 Factor California 4.3 Factor Catalysted Index Rate 4.4 Member Cost Sharing 4.4 Member Cost Sharing 4.4 Member Cost Sharing 4.6 Richard California 4.7 Risk Adjustment Transfer Amount 4.8 Premium 4.9 Projected Member Months 4.9 Projected Member Months 1.0 Loss Ratio	0.9285 1.0006 1.0000 562,909 50 513,863 513,016 538,930 5271 565,538	0.8252 1.0000 1.0000 9.0005, 7.1775 1.0000 501.67 5586.86 57422DC0110005 514.518 50 52,036 52,036 52,036 53,037 53,037	0.6619 1.0000 1.	0.7984 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$511.16 \$567.80 77422DC0110003 \$14,726 \$5,92 \$5,131 \$5,92 \$5,858 \$5,62 \$54,66	7742200110006 0.7379 0.7379 1.0000 1.0000 9.00% 4.31% 4.31% 1.0000 5504.85 7742200110006 53.184 53.184 53.185 53.184 53.185 53.185 53.186	774220C0110004 0.8500 1.0000 1.0000 9.06%, 7.17% 4.31%, 1.0000 \$560.56 774220C0110004 \$14,675 \$5,988 \$9,374 \$5,65 \$5,988	774220C0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5428.67 5398.26 774220C0110001 774220C0110001 5376 5376 5418 5418 5418 5418 5418 5418 5418 5418	774220C0110002 500 0.8205 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.000000 1.000000 1.0000	774220C0110008 8.25 1.0000 1.0000 1.0000 9.00%, 4.31%, 1.0000 1.0000 5.553.23 285 285 5.1818 5.188 5.188 5.188 5.189 5.504	77422000000031 0.00000 0.00000 1.00000 9.019% 4.311% 1.00000 50.00 7742200000031 7742200000035 50 50 50 50 50 50 50 50 50 50 50 50 50	77422DC0900005 77422DC0900005 50 00 50 0	0.0000 0.0000 1.00000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.00000 1.00000	774220C000007	774220C0990008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 774220C090008 90 90 90 90 90 90 90 90 90 90 90 90 90	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 50.00 774220C0090009 50 50 50 50 50 50 50
	3.3. Plan I Oltandard Component ID 3.2. Market Adjusted index Rate 3.3. AV and Cost Sharing Design of Plan 3.3. AV and Cost Sharing Design of Plan 3.5. Benefits in Addition to PIH Administrative Costs 3.6. Administrative Costs 3.6. Administrative Expense 3.7. Taxes and Fees 3.8. Profit & Risk Load 3.0. Clastropich, Adjustment 3.0. Plan Adjusted Index Rate 1.0. Plan Adjusted Index Rate 1.1. Geographic Calibration Factor 1.1.7 Geographic Calibration Factor 1.1.8 Cost Sharing 1.1.4 Calibrated Flan Adjusted Index Rate 5. Section IV. Projected Plan Level Information 4.1. Plan ID Standard Component ID 4.2. Allowed Calibrat 4.3. Beinsurance 4.4. Member Cost Sharing 4.5. Cost Sharing 4.5. Cost Sharing 4.6. In curred Calibrat 4.8. Profit Reduction 4.8. Premium 4.9. Projected Member Amount 4.8. Premium 4.9. Projected Member Months 1.0. Loss Ratio 9. Projected Member Months 1.0. Loss Ratio	0.9285 1.0006 1.0000 562,909 50 513,901 513,901 538,930 52,971 564,583 104 104 104 104 104	0.8252 1,0000 1,0000 9,005 7,175 4,315 1,0000 9611.07 77422D0110005 514,518 50 32,586,26 32,586,	0.6619 1.0000 1.	0.7984 1.0000 1.0000 9.000 7.1776 4.3181 1.0000 5611.16 5567.30 774220C0110003 534726 53.03 534726 53.03 534726 53.03 534726 53.03 534867 58.73%	774220C0110006 0.7379 1.0000 1.0000 9.0006 7.179 4.3354 1.0000 5564.85 5524.78 774220C0110006 5524.78 5329 53	774220C0110004 0.8500 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$600.56 \$5604.50 774220C0110004 774220C0110004 \$514,075 9.32,333 \$2.988 93.374 \$66 \$515,615 \$44 60.28%	774220C0110001 0.5600 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5428.67 5398.26 5398.26 5398.26 5376 5428.57 5428.57 5428.57 5428.57 5428.57 5428.57 5428.57 5428.57 5428.57 5428.57 5428.57	774220C0110002 500 0.8205 1.0000 1.0000 1.0000 9.06% 4.31% 1.0000 50:28.08 1.00 1.00 50:28.08 50:38.09 1.00 50:28.08 558.32 558.32 52.564 58.898	774220C0110008 8.2.25 1.0000 1.0000 1.0000 1.0000 9.06%, 4.31%, 1.0000 5.553.23 285 285 295 51,181 5318 5318 5318 5318 5318 5318 5318 5	7742200000003 0.0000 0.0000 1.0000 9.05% 4.31% 1.0000 50.00 50.00 774220000003 774220000003 9.00 9.00 9.00 9.00 9.00 9.00 9	77422DC0900005 77422DC0900005 77422DC0900000 77422DC0900000 90000 90000 90000 90000 900000000	0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,000	774220C000007 774220C000007 1,0000 1,	77422DC0990008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 77422DC0900008 90 90 90 90 90 90 90 90 90 90 90 90 90	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 50.00 774220C0090009 50 50 50 50 50 50 50 50 50 50 50 50 50
	3.1 Plan IO (Standard Component ID) 3.2 Manket Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 Event of Cost Sharing Design of Plan 3.5 Benefits in Addition to tHB Administrative Costs 3.6 Administrative Expense 3.7 Taxes and Yees 3.8 Cost Administrative Expense 3.9 Troft & Risk Load 3.1 Troft & Risk Load 3.1 Troft & Risk Load 3.2 Troft & Risk Load 3.3 Troft & Risk Load 3.4 Troft & Risk Load 3.5 Troft & Risk Load 3.6 Troft & Risk Load 3.7 Troft & Risk Load 3.8 Troft & Risk Load 3.9 Troft & Risk Load 4.1 Age Californion Factor 4.1 California Component ID) 4.2 Allowed Claims 4.3 Reinsuring 4.4 Member Cost Sharing 4.5 Cost Sharing 4.6 Permitan 4.9 Profitched Member Months 4.9 Profitched Member Months 4.9 Profitched Member Months 5.0 Loss Ratio 1.0 Loss Ratio 1.0 Loss Ratio	0.9285 1.0006 1.0000 555,909 50 51,861 531,016 532,010 532,010 532,010 542,010 542,010 542,010 543,010	0.8252 1.0000 1.0000 9.06% 7.17% 1.0000 5631.67 5586.86 5586.8	0.6619 1.0000 1.	0.7884 1.0000 1.0000 9.00% 7.17% 1.17% 1.1000 5611.16 5567.80 7742200110030 5513.19 5513.19 5513.19	7742200110006 0.7742200110006 0.73070 1.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.0000 0.0000	774220C0110004 0.8500 1.00000 1.000000 1.000000 1.000000 1.000000 1.0000000 1.00000000	774220C0110001 0.5600 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000	774220C0110002 580 0.8205 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1.000000 1.000000 1.0000	774220C0110008 2.25 0.6986 1.00000 1.00000 1.00000 1.000000 1.00000000	774220C0090001 0.0000 0.0000 0.0000 9.000	77422DC096005 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.0000000 0.0000000 0.00000000	0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0	77422DC0000007 0.0000 1.0000 1.0000 1.0000 1.0000 9.0000 9.0000 9.000 9	77422DC0990008 0.0000 1.0000 1.0000 1.0000 1.0000 9.065 9.076 1.0000 50.00 77422DC090008 9.00 9.00 9.00 9.00 9.00 9.00 9.0	77422DC0090009 0.0000 0.0000 1.0000 1.0000 9.06% 1.131% 1.0000 \$0.00 \$0.00 77422DC0090009 \$0.00
	3.3. Plan I OStandard Component ID 3.2. Market Adjusted index Rate 3.3. AV and Cost Sharing Design of Plan 3.3. AV and Cost Sharing Design of Plan 3.5. Benefits in Addition to PIH Administrative Costs 3.6. Administrative Costs 3.6. Administrative Expense 3.7. Taxes and Fees 3.8. Profit & Risk Load 3.9. Clastropick Adjustment 3.0. Plan Adjusted Index Rate 1.0. Plan Adjusted Index Rate 1.1. Plan Adjusted Index Rate 1.1. Geographic Calibration Factor 1.1. Geographic Calibration Factor 1.1. Tobacco Calibration Factor 1.2. Geographic Calibration Factor 1.3. Tobacco Calibration Factor 1.4. Flan ID Standard Component ID 4. Plan ID Standard Component ID 4. Allowed Calims 4. Section 1. Projected Plan Level Information 4. Plan ID Standard Component ID 4. Allowed Claims 4. Projected Member Amount 4. Projected Member Months 1.0. Loss Ratio Per Member Per Month 1.1. Allowed Claims 1.1. Allowed Claims 1.1. Allowed Claims 1.1. Allowed Claims	0.9285 1.0006 1.0000 562,909 50 513,863 513,863 545,583 565,583 560,593 560,593 560,593	0.8252 1,0000 1,0000 9,005 7,175 4,315 1,0000 5611.07 77422D0110005 514,518 5,000 5,	0.6619 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5.06.67 5.06.67 5.06.67 7.74220C0110007 7.74220C0110007 5.1,093 5.06.67 5.07 5.07 5.07 5.07 5.07 5.07 5.07 5.	0.7984 0.7984 1.0000 1.0000 9.000 7.1776 1.0000 501.16 501	774220C0110006 0.73070 0.73070 0.73070 0.90606 7.4706 0.90606	774220C0110004 0.8500 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$600.50 \$500.50 \$500.50 \$500.50 \$2.2133 \$2.988 \$9.374 \$6.565 \$515.615 244 60.28%	774220C0110001 0.5600 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5428.67 5398.26 5398.26 5398.26 5398.26 5316 5317 5420C0110001 5317 5420C0110001 5317 5317 5317 5317 5317 5317 5317 531	774220C0110002 500 0.8205 1.0000 1.0000 1.0000 9.06% 4.31% 1.0000 50:28.08 1.00 1.00 50:28.08 50:28.08 50:30	774220C0110008 8.2.25 1.0000 1.0000 1.0000 9.06% 4.31% 1.0000 5.553.23 225 5.1818 5.3189 5.504 5.505 5.106 6.774220C0110008 5.3189 5.31	7742200000003 0.0000 0.0000 1.0000 9.03% 4.31% 4.31% 5.000 5.000 774220000003 774220000003 9.000 9	77422DC0990005 77422DC0900005 77422DC0900000 77422DC0900000 50.00 77422DC0900000 50.00 5	0,0000 0,0000 1,0000 1,0000 1,0000 1,0000 5,000	774220C000007	77422DC0990008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 50.00 77422DC090008 90 90 90 90 90 90 90 90 90 90 90 90 90	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 50.00 774220C0090009 50 50 50 50 50 50 50 50 50 50 50 50 50
	3.1 Plan IO (Standard Component ID) 2.2 Manket Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 Av and Cost Sharing Design of Plan 3.5 Benefits in Addition to THB Administrative Costs 3.6 Administrative Expense 3.6 Administrative Expense 3.7 Taxes and Teets 3.8 Profit & Risk Load 3.0 Clastropher Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 3.12 Cost Calibration Factor 3.13 Cost Calibration Factor 3.14 Cost Calibration Factor 3.15 Cost Calibration Factor 3.16 Cost Planing Adjustment ID 4.17 All Plan ID (Standard Component ID) 4.2 Allowed Claims 4.3 Reinsurance 4.4 Member Cost Sharing 4.5 Cost Sharing Medication 4.6 Incurred Claims 4.6 Premium 4.9 Projected Member Months 4.9 Projected Member Months 4.10 Loss Ratio 9.10 Loss Ratio 10 Loss Ratio 11 Loss Calibration 11 Illowed Claims 4.1 Riensurance 4.1 Remember Cost Sharing 4.2 Premium 4.9 Projected Member Months 10 Loss Ratio 10 Loss Ratio 11 Illowed Claims 11 Illowed Claims 11 Illowed Claims 11 Illowed Claims	0.9285 1.0006 1.0000 552,909 50,50 51,861 531,016 531,	0.8252 1.0000 9.06%, 7.17%, 4.31%, 1.0000 5631.67 5586.86 5586	0.6619 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000000 1.000000 1.00000 1.00000 1.00000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1	0.7984 1.0000 1.0000 9.00% 7.17% 1.17% 1.1000 501.116 5567.80 774220.011000 1.510.75 1.510.	7742200110006 0.7742200110006 0.73090 0.00000 0.00000 0.00000 0.00000 0.00000 0.0000 0.0000	77422DC0110004 0.8500 1.0000 1.0000 1.0000 9.006.0 9.1775 1.0000 \$560.50 \$560.50 \$750.50 \$3.333 \$3.385 \$3.376 \$5.385 \$3.376 \$5.385 \$3.376 \$5.385 \$3.376 \$5.385 \$3.377 \$5.385 \$3.	774220C0110001 0.5600 1.0000 1.0000 9.0006 9.1775 1.1300 5.428.67 5.398.26 774220C0110001 5.598.26 5.398.26 5.300 5.300 5.300 5.300 5.300 5.300	774220C0110002 580 0.8205 1.00000 1.00000 1.00000 1.000000 1.00000000	774220C0110008 2.25 0.6966 1.00000 1.00000 1.00000 1.000000 1.00000000	774220C0090001 0.0000 1.0000 1.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.00000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.00000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.00000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.00000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.00000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.00000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.0000 9.00000 9.0000 9	77422DC095005 1 0.0000 0.0000 1 0.0000	0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0	774220C0000007 0.0000 1.0000 1.0000 2.1776 1.1000 50.00 50.00 774220C000007 774220C000007 50.00 77420C000007 50.00 50.00 60.00	77422DC0990008 0.0000 1.0000 1.0000 1.0000 9.065 7.1275 1.0000 50.00 77422DC0090008 9.00 9.00 9.00 9.00 9.00 9.00 9.	77422DC0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.12% 1.0000 50.00 50.00 77422DC0090009 50 50 50 50 50 50 50 50 50 50 50 50 50
	3.3. Plan I OStandard Component ID 3.2. Market Adjusted index Rate 3.3. AV and Cost Sharing Design of Plan 3.3. AV and Cost Sharing Design of Plan 3.5. Benefits in Addition to PIH Administrative Costs 3.6. Administrative Costs 3.6. Administrative Expense 3.7. Taxes and Fees 3.8. Profit & Risk Load 3.9. Clastropick Adjustment 3.0. Plan Adjusted Index Rate 1.0. Plan Adjusted Index Rate 1.1. Plan Adjusted Index Rate 1.1. Geographic Calibration Factor 1.1. Geographic Calibration Factor 1.1. Tobacco Calibration Factor 1.2. Geographic Calibration Factor 1.3. Tobacco Calibration Factor 1.4. Flan ID Standard Component ID 4. Plan ID Standard Component ID 4. Allowed Calims 4. Section 1. Projected Plan Level Information 4. Plan ID Standard Component ID 4. Allowed Claims 4. Projected Member Amount 4. Projected Member Months 1.0. Loss Ratio Per Member Per Month 1.1. Allowed Claims 1.1. Allowed Claims 1.1. Allowed Claims 1.1. Allowed Claims	0.9285 1.0006 1.0000 562,909 50 513,863 513,863 545,583 565,583 560,593 560,593 560,593	0.8252 1.0000 0.005, 7.17% 4.31% 1.0000 501.07 5586.86 5742200110005 514.518 50 52.036 52.036 53.030	0.6619 1.0000 9.06% 7.17% 1.1000 9.06% 7.17% 1.0000 9.06% 7.17% 1.0000 9.006.67 \$4318.1 9.000 9.006.67 \$440.77 \$440.77 \$440.010007 \$440.05 \$450.05 \$4	0.7984 0.7084 1.0000 1.0000 9.000 7.1776 1.1000 501.16 501	77422DC0110006 0.73070 0.73070 0.70070	774220C0110004 0.8500 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 \$650.56 \$560.50 \$74220C0110004 \$74220C01	774220C0110001 0.5600 1.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 5428.67 774220C0110001 5306.46 5306.57 5307 5316.57 5317 5327 5327 5337 5327 5337 5327 5337 5327 5337 5327 5337 5327 5337 5327 5337 5327 5337 5327 5337 5327 5337 5327 5337 5327 532	774220C0110002 500 0.8205 1.0000 1.0000 1.0000 9.06% 4.31% 1.0000 5028.08 0.99 1.01 1.00 5028.08 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32 5038.32	774220011008 8.25 1.0000 1.0000 1.0000 1.0000 1.0000 9.06%, 4.31%, 1.0000 9.5533.23 2255 2550 2550 2550 2550 2550 2550 25	7742200000003 0.0000 0.0000 1.0000 9.017 4.1300 50.00 774220000000 774220000000 774220000000 774220000000 774220000000000	77422DC0990005 77422DC0900005 77422DC0900000 77422DC0900000 50.00 77422DC0900000 50.00 5	0,0000 0,0000 1,0000 9,06% 7,17% 4,31% 1,0000 50,00	774220C009007 7 0.0000 0.0000 1.0000 1.0000 9.00% 9.00% 4.31% 1.0000 50.00 50.00 774220C009007 774220C009007 774220C09007 774220C09007 9.00% 9.	77422DC0990008 0.0000 0.0000 1.0000 1.0000 9.06% 7.17% 4.31% 1.0000 50.00 77422DC0900008 90 90 90 90 90 90 90 90 90 90 90 90 90	774220C0090009 0.0000 0.0000 1.0000 1.0000 9.05% 4.31% 1.0000 \$0.00 \$0.00 774220C0090009 \$0.00 50.00 774220C0090009 \$0.00 50
	3.1 Plan IO (Standard Component ID) 2.2 Market Adjusted index Rate 3.3 AV and Cost Sharing Design of Plan 3.3 AV and Cost Sharing Design of Plan 3.5 Benefits in Addition to PIH Administrative Costs 3.6 Administrative Costs 3.6 Administrative Costs 3.8 Profit & Risk Load 3.0 Clastropits Adjustment 3.0 Plan Adjustment 3.0 Plan Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.10 Plan Adjustment 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Tobusco Calibration Factor 3.14 Calibrated Plan Level Information 4.1 Plan ID (Standard Component ID) 4.2 Plan ID (Standard Component ID) 4.3 Plan ID (Standard Component ID) 4.4 Plan ID (Standard Component ID) 4.5 Plan Market Plan Cost Sharing 4.6 Morner Calibration 4.6 Incurred Claims 4.7 Risk Adjustment Transfer Amount 4.8 Prenium 4.9 Projected Member Months 3.10 Loss Ratio Per Member Per Month 3.11 Allowed Claims 1.11 Allowed Claims 1.12 Reinsurance 1.13 Reinsurance 1.13 Reinsurance 1.14 Reinsurance 1.15 Reinsurance 1.16 Residention 1.17 Risk Adjustment Transfer Amount 1.18 Projected Member Months 1.11 Allowed Claims 1.12 Reinsurance 1.13 Reinsurance 1.13 Reinsurance 1.14 Reinsurance 1.15 Reinsurance 1.15 Reinsurance 1.16 Reinsurance 1.17 Reinsurance 1.17 Reinsurance 1.18 Reinsurance 1.19 Reinsurance 1.19 Reinsurance 1.10 Loss Sharing 1.11 Reinsurance 1.11 Reinsurance 1.12 Reinsurance 1.13 Reinsurance 1.13 Reinsurance 1.14 Reinsurance 1.15 Reinsurance 1.15 Reinsurance 1.17 Reinsurance 1.17 Reinsurance 1.18 Reinsurance 1.18 Reinsurance 1.18 Reinsurance 1.18 Reinsurance 1.18 Reinsurance 1.19 Reinsurance 1.19 Reinsurance 1.10 Reinsurance 1.11 Reinsurance 1.11 Reinsurance 1.12 Reinsurance 1.12 Reinsurance 1.13 Reinsurance 1.14 Reinsurance 1.15 Reinsurance 1.16 Reinsurance 1.17 Reinsurance 1.18 Reinsurance	0.9285 1.0006 1.0000 562,909 50 513,863 513,016 58,62,02 562,02 562,03 563,04 59,13%	0.8252 1.0000 9.06%, 7.17%, 4.31%, 1.0000 5631.67 5586.86 5586	0.6619 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000000 1.000000 1.00000 1.00000 1.00000 1.000000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.000000 1	0.7984 1.0000 1.0000 9.00% 7.17% 1.17% 1.1000 501.116 5567.80 774220.011000 1.510.75 1.510.	7742200110006 0.7742200110006 0.73090 0.00000 0.00000 0.00000 0.00000 0.00000 0.0000 0.0000	77422DC0110004 0.8500 1.0000 1.0000 1.0000 9.006.0 9.1775 1.0000 \$560.50 \$560.50 \$750.50 \$3.333 \$3.385 \$3.376 \$5.385 \$3.376 \$5.385 \$3.376 \$5.385 \$3.376 \$5.385 \$3.377 \$5.385 \$3.	774220C0110001 0.5600 1.0000 1.0000 9.0006 9.1775 1.1300 5.428.67 5.398.26 774220C0110001 5.598.26 5.398.26 5.300 5.300 5.300 5.300 5.300 5.300	774220C0110002 580 0.8205 1.00000 1.00000 1.00000 1.000000 1.00000000	774220C0110008 2.25 0.6966 1.00000 1.00000 1.00000 1.000000 1.00000000	7742200000003 0.0000 0.0000 1.0000 9.017 4.1300 50.00 774220000000 774220000000 774220000000 774220000000 774220000000000	77422DC0900005 77422DC0900005 77422DC0900005 77422DC0900007 77422DC09000007 77422DC0900007 77422DC09000007 77422DC0900007 77422DC09000007 77422DC0900007 77422DC09000007 77422DC0900007 77422DC0900007 77422DC09000007 77422DC09000007 77422DC09000007 77422DC09000007 77422DC09000007 77422DC09000007 77422DC090000007 77422DC09000007 77422DC090000007 77422DC090000000000000000000000000000000000	0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0	774220C0000007 0.0000 1.0000 1.0000 2.1776 1.1000 50.00 50.00 774220C000007 774220C000007 50.00 77420C000007 50.00 50.00 60.00	77422DC0990008 0.0000 1.0000 1.0000 1.0000 9.065 7.1275 1.0000 50.00 77422DC0090008 9.00 9.00 9.00 9.00 9.00 9.00 9.	77422DC0090009 0.0000 0.0000 1.0000 1.0000 9.06% 7.12% 1.0000 50.00 50.00 77422DC0090009 50 50 50 50 50 50 50 50 50 50 50 50 50
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Rating Area Data Collection

Specify the total number of Rating Select only the Rating Areas you ar To validate, select the Validate but To finalize, select the Finalize butto

Rating Area ating Area 1	Rating Factor
Rating Area 1	1.0000

Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R. re offering plans within and add a factor for each area. ton or Ctrl + Shift + I. on or Ctrl + Shift + F.

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	Aetna Life Insur	ance Company
SERFF tracking number	AETN-13194447	76
Submission Date	May 24, 2019	
Product Name	DC AHI HMO S	G 2020
Market Type	Individual	Small Group
Rate Filing Type	Rate Increase	New Filing
Scope and Range of the	Increase	

Scope and Range of the increase:

The 5.02% increase is requested because:

Rates are updated to reflect the impact of medical trend, revisions to our assumptions about population morbidity and projected population, changes in cost sharing levels to ensure compliance with Actuarial Value requirements, and changes in provider networks and contracts.

This filing will impact:

of policyholder's 449 # of covered lives 711

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 5.02 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -2.4%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 20.9%

Individuals within the group may vary from the aggregate of the above increase components as a result of:

the benefit plan the individual chooses, when the member's group contract renews, the age and family size and age for enrolling employees and employer contributions.

Financial Experience of Product

The overall financial experience of the product includes:

The 2018 experience generated by the plans offered under this product produced a loss ratio that was in line with the target loss ratio before and after risk adjustment. Due to the low volume of members that have enrolled in these plans the 2018 experience is not credible.

The rate increase will affect the projected financial experience of the product by:

The rate revision is not expected to impact the profitability of the product. That is, the target profit margin is unchanged.

Components of Increase

The request is made up of the following components:

Trend Increases – 224. % of the 5.02 % total filed increase

1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is 112.% of the 5.02% total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is 112.% of the 5.02% total filed increase.

Other Increases – -124 % of the 5.02 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is -134% of the 5.02% total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is 0 % of the 5.02% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 35.8% of the 5.02% total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 0.0% % of the 5.02% total filed increase.

5. Other – Defined as:

Changes in commission, benefit slope, risk adjustment, provider contracting, experience and population risk.

This component is -25.1% of the 5.02% total filed increase.

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	Aetna Life Insura	ance Company
SERFF tracking number	AETN-13194447	76
Submission Date	May 24, 2019	
Product Name	DC AHI HMO S	G 2020
Market Type	Individual	Small Group
Rate Filing Type	Rate Increase	New Filing
Scope and Range of the	Increase:	

Scope and Range of the Increase:

The 7.76% increase is requested because:

Rates are updated to reflect the impact of medical trend, revisions to our assumptions about population morbidity and projected population, changes in cost sharing levels to ensure compliance with Actuarial Value requirements, and changes in provider networks and contracts.

This filing will impact:

of policyholder's 449 # of covered lives 711

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 7.76 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 0.11%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 24.1%

Individuals within the group may vary from the aggregate of the above increase components as a result of:

the benefit plan the individual chooses, when the member's group contract renews, the age and family size and age for enrolling employees and employer contributions.

Financial Experience of Product

The overall financial experience of the product includes:

The 2018 experience generated by the plans offered under this product produced a loss ratio that was in line with the target loss ratio before and after risk adjustment. Due to the low volume of members that have enrolled in these plans the 2018 experience is not credible.

The rate increase will affect the projected financial experience of the product by:

The rate revision is not expected to impact the profitability of the product. That is, the target profit margin is unchanged.

Components of Increase

The request is made up of the following components:

Trend Increases – 145. % of the 7.76 % total filed increase

1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is 72.6% of the 7.76% total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is 72.7% of the 7.76% total filed increase.

Other Increases – -45. % of the 7.76 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is -87.1% of the 7.76% total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is 0 % of the 7.76% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 23.2% of the 7.76% total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is 0.0% % of the 7.76% total filed increase.

5. Other – Defined as:

Changes in commission, benefit slope, risk adjustment, provider contracting, experience and population risk.

This component is 18.9% of the 7.76% total filed increase.

Exhibit A Product Portfolio & Projected Membership Distribution

HIOS Plan-ID	Network	Plan	Metallic Tier	Actuarial Value	Exchange Offering	Projected Membership Distribution
77422DC0110005	PPO	DC Gold OAEPO 70% \$25/40 T	Gold	81.92%	Yes	23.08%
77422DC0110007	PPO	DC Silver OAEPO 4800 80% \$25/40 E	Silver	72.00%	Yes	1.92%
77422DC0110003	PPO	DC Gold OAEPO 1650 100% HSA T	Gold	79.55%	Yes	23.08%
77422DC0110006	PPO	DC Silver OAEPO 3000 100% HSA E	Silver	71.34%	Yes	1.92%
77422DC0110002	PPO	DC Gold OAEPO 1500 90% E	Gold	79.17%	Yes	23.08%
77422DC0110008	PPO	DC Silver OAEPO 2800 90% HSA E	Silver	71.31%	Yes	1.92%
77422DC0110004	PPO	DC Gold OAEPO 500 90% \$25/40 E	Gold	79.77%	Yes	23.08%
77422DC0110001	PPO	DC Bronze OAEPO 6000 80% \$15/50 E	Bronze	61.06%	Yes	1.92%

Exhibit E-1 Calculation of Market Adjusted Index Rate

Projected Index Rate:	\$601.66
Net Risk Adjustment:	1.005
Exchange User Fees:	1.000
Total Impact:	0.005
Market Adjusted Index Rate:	\$604.90

	•	HOS ISSUER	D. 77422														
		Exhibit E															
	Calculation of Plan Adjusted	index Rates and	Calibrated Plan	Adjusted Index I	tates												
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
										= Product					= Product		
				37.1.				T		(Columns 1-6)	- T				(Columns 8-11)		= (7) / (1)
HIOS ID	Plan Name	Motel Ties	Membership	Market Adjusted Index	AV & Cost	Distribution &	Network & UM	Benefits in addition to	Impact of Eligibility	Plan Adjusted	Tobacco Calibration	Age Calibration	Geography Calibration	Trend Factor	Calibration	Calibrated Plan Adjusted Index	AV Pricing
HIOS ID	Pian Name	Metal Her	Membership	Rate	Sharing	Admin	Network & UM	EHBs	(CAT)	Index Rate	Factor	Factor	Factor	1 rend r actor	Factor	Rate	Value
77422DC0110005	DC Gold OAEPO 70% \$25/40 T	Gold	23.08%	\$604.90	0.825	1.262	1.000	1.000	1.000	630.22	1.000	0.929	1.001	0.977	0.908	571.96	1.042
77422DC0110007	DC Silver OAEPO 4800 80% \$25/40 E	Silver	1.92%	\$604.90	0.662	1.262	1.000	1.000	1.000	505.49	1.000	0.929	1.001	0.977	0.908	458.77	0.836
77422DC0110003	DC Gold OAEPO 1650 100% HSA T	Gold	23.08%	\$604.90	0.799	1.262	1.000	1.000	1.000	609.73	1.000	0.929	1.001	0.977	0.908	553.37	1.008
77422DC0110006	DC Silver OAEPO 3000 100% HSA E	Silver	1.92%	\$604.90	0.738	1.262	1.000	1.000	1.000	563.54	1.000	0.929	1.001	0.977	0.908	511.44	0.932
77422DC0110002	DC Gold OAEPO 1500 90% E	Gold	23.08%	\$604.90	0.821	1.262	1.000	1.000	1.000	626.62	1.000	0.929	1.001	0.977	0.908	568.69	1.036
77422DC0110008	DC Silver OAEPO 2800 90% HSA E	Silver	1.92%	\$604.90	0.697	1.262	1.000	1.000	1.000	532.03	1.000	0.929	1.001	0.977	0.908	482.85	0.880
77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E																
	DC Gold OAEPO 500 90% \$25/40 E	Gold	23.08%	\$604.90	0.850	1.262 1.262	1.000	1.000	1.000	649.13	1.000 1.000	0.929	1.001	0.977 0.977	0.908	589.12 388.15	1.073 0.707

Exhibit 1 2020 Rate Increases by Product

Product	Average Rate Increase	Minimum Rate Increase	Maximum Rate Increase
ElectChoiceOpenAccess	5.02%	-1.25%	20.42%

Exhibit 2 Claim Impact due to Demographic Changes

	Experienc Distrib			Demographic ctor		ted Period ribution	Projection Demographic Factor		
Age	Male	Female	Male	Female	Male	Female	Male	Female	
0	0.74%	0.81%	1.050	0.939	0.56%	0.46%	1.050	0.939	
1	0.62%	0.88%	1.050	0.939	0.57%	0.49%	1.050	0.939	
3	0.44% 0.75%	0.75%	0.601	0.596 0.596	0.71%	0.49%	0.601	0.596 0.596	
4	0.78%	0.63%	0.601	0.596	0.56%	0.51%	0.601	0.596	
5	0.55%	0.31%	0.570	0.565	0.64%	0.56%	0.570	0.565	
6	0.35%	0.50%	0.570	0.565	0.56%	0.55%	0.570	0.565	
7	0.32%	0.69%	0.570	0.565	0.65%	0.50%	0.570	0.565	
8	0.32% 0.27%	0.38%	0.570	0.565 0.565	0.64%	0.67% 0.67%	0.570 0.570	0.565 0.565	
10	0.25%	0.17%	0.578	0.565	0.63%	0.70%	0.578	0.565	
11	0.22%	0.17%	0.578	0.565	0.62%	0.61%	0.578	0.565	
12	0.17%	0.17%	0.578	0.565	0.62%	0.63%	0.578	0.565	
13 14	0.35%	0.40%	0.578	0.565	0.75%	0.60%	0.578	0.565	
14	0.50% 0.41%	0.21%	0.578	0.565 0.615	0.73%	0.59% 0.63%	0.578	0.565 0.615	
16	0.39%	0.28%	0.606	0.615	0.82%	0.67%	0.606	0.615	
17	0.27%	0.29%	0.606	0.615	0.84%	0.63%	0.606	0.615	
18	0.51%	0.33%	0.606	0.615	0.70%	0.64%	0.606	0.615	
19	0.17%	0.43%	0.606	0.615	0.57%	0.70%	0.606	0.615	
20 21	0.16% 0.18%	0.29%	0.451	0.741 0.741	0.57%	0.77% 0.67%	0.451 0.451	0.741 0.741	
22	0.13%	1.00%	0.451	0.741	0.62%	0.64%	0.451	0.741	
23	0.79%	1.27%	0.451	0.741	0.68%	0.75%	0.451	0.741	
24	1.28%	1.76%	0.451	0.741	0.64%	0.66%	0.451	0.741	
25	1.24%	1.29%	0.460	1.106	0.73%	0.79%	0.460	1.106	
26 27	2.41% 3.08%	2.63% 3.28%	0.460	1.106 1.106	0.76%	0.99% 0.92%	0.460 0.460	1.106 1.106	
28	2.55%	2.45%	0.460	1.106	0.92%	0.94%	0.460	1.106	
29	2.32%	1.70%	0.460	1.106	0.72%	0.93%	0.460	1.106	
30	1.85%	2.63%	0.519	1.197	0.74%	0.91%	0.519	1.197	
31	1.59%	2.49%	0.519	1.197	0.86%	0.95%	0.519	1.197	
32 33	1.18%	2.28% 1.29%	0.519	1.197 1.197	0.86%	0.97% 0.98%	0.519 0.519	1.197 1.197	
34	1.45%	1.01%	0.519	1.197	0.97%	0.87%	0.519	1.197	
35	1.64%	1.13%	0.630	1.197	0.87%	1.03%	0.630	1.197	
36	1.69%	1.13%	0.630	1.197	0.98%	1.03%	0.630	1.197	
37	0.94%	0.86%	0.630	1.197	1.07%	1.04%	0.630	1.197	
38 39	0.76% 1.10%	1.15% 0.80%	0.630	1.197 1.197	1.01% 0.79%	0.87% 0.83%	0.630 0.630	1.197 1.197	
40	1.03%	0.93%	0.790	1.197	0.79%	0.82%	0.790	1.197	
41	0.95%	0.79%	0.790	1.197	0.86%	0.94%	0.790	1.197	
42	0.80%	0.87%	0.790	1.197	0.83%	0.84%	0.790	1.197	
43	0.82%	0.89%	0.790	1.197	0.81%	0.73%	0.790	1.197	
44 45	0.59% 0.50%	0.72%	0.790 1.000	1.197 1.269	0.78%	0.78% 0.81%	0.790 1.000	1.197 1.269	
46	0.52%	0.68%	1.000	1.269	1.02%	0.85%	1.000	1.269	
47	0.42%	0.80%	1.000	1.269	0.86%	0.86%	1.000	1.269	
48	0.31%	0.45%	1.000	1.269	0.91%	0.88%	1.000	1.269	
49	0.15%	0.34%	1.000	1.269	0.92%	0.97%	1.000	1.269	
50 51	0.15% 0.19%	0.55% 0.56%	1.370	1.460 1.460	1.02%	0.75% 0.92%	1.370 1.370	1.460 1.460	
52	0.19%	0.31%	1.370	1.460	0.95%	0.92%	1.370	1.460	
53	0.33%	0.42%	1.370	1.460	0.93%	0.93%	1.370	1.460	
54	0.26%	0.31%	1.370	1.460	1.11%	0.86%	1.370	1.460	
55	0.49%	0.32%	1.757	1.745	1.03%	0.85%	1.757	1.745	
56	0.47%	0.20%	1.757	1.745	0.87%	0.75%	1.757	1.745	
57 58	0.06% 0.52%	0.50% 0.34%	1.757	1.745 1.745	0.81%	0.72% 0.73%	1.757 1.757	1.745 1.745	
59	0.32%	0.09%	1.757	1.745	0.80%	0.73%	1.757	1.745	
60	0.31%	0.28%	2.218	2.128	0.75%	0.62%	2.218	2.128	
61	0.52%	0.46%	2.218	2.128	0.68%	0.63%	2.218	2.128	
62	0.30%	0.14%	2.218	2.128	0.61%	0.58%	2.218	2.128	
63 64	0.28% 0.28%	0.04%	2.218	2.128 2.128	0.47%	0.40%	2.218 2.218	2.128 2.128	
65+	0.28%	0.16%	3.200	2.128	0.40%	0.60%	3.200	2.700	

Experience Period	0.9427
Demographic Factor	0.9427

Experience Period Demographic Factor computed as the weighted average of gender specific Demographic Factor by current population distribution.

Projected Demographic Factor	1.0443
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Projected Demographic Factor computed as the weighted average of gender specific Demographic Factor by projected population distribution.

Demographic Change	1.1078
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Note:
Claim Impact due to Demographic Changes computed as the ratio of the Projected Demographic Factor over the Experience Period Demographic Factor.

Exhibit 3 Projected Membership Distribution by County

Rating Area	Counties	Experience Period Membership	Experience Period Area Factor	Projected Membership	Projected Area Factor
1	District of Columbia	100%	1.000	100%	1.000

Average Experience Period	
Area Factor	1.0000

Note:

Average Experience Period Area Factor computed as the weighted average of Experience Period Area Factors by experience period membership distribution.

Average Projected Area Factor	1.0000
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Note:

Projected Area Factor computed as the weighted average of Projection Period Area Factors by projected membership distribution.

Area Shift Factor	1.0000
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Note:

Area Shift Factor computed as the ratio of the Projected Membership by Area over the Experience Membership by Area Factor represents:

Factor represents:
The impact due to the shift of the population distribution across areas.

Area Factor Change	1.0000
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Note:

Area Factor Change computed as the ratio of the Projected Area Factor over the Experience Area Factor both using experience membership

Factor represents:

The impact due to cost relativity changes, including changes to provider networks and contracts, from the experience period to the rating period.

Exhibit 4 Projected Membership and Paid to Allowed by Metal Tier

Metallic Tier	Projected Membership	Projected Paid to Allowed Ratio
Platinum	0	N/A
Gold	96	82%
Silver	6	73%
Bronze	2	64%
Catastrophic	0	N/A
Total	104	81%

Exhibit 5 Retention as a Percent of Premium and PMPM

Retention Components	% of Premium	PMPM
Administrative Expense Load	9.29%	\$56.24
Profit & Risk Load	4.31%	\$26.08
Premium Tax	3.40%	\$20.58
User Exchange Fee	0.00%	\$0.00
State Based Exchange Fee	0.00%	\$0.00
HIF	2.60%	\$15.73
Risk Adjustment User Fee	0.03%	\$0.18
Federal Income Tax	1.15%	\$6.93
Total Taxes and Fees	7.18%	\$43.42

Exhibit 6 MLR Projection

			Formula
(a)	Premium (pmpm)	\$605.17	
(b)	Medical Cost (pmpm)	\$476.40	
(c)	Medical Benefit Ratio (MBR)	78.7%	= (c) / (b)
(d)	Quality Improvement Action (pmpm)	\$4.84	= (a) x 0.80%
(e)	Taxes and Fees (pmpm)	\$46.45	
(f)	Adjusted Premium (pmpm)	\$558.72	=(a) - (e)
(g)	Adjusted Claims (pmpm)	\$481.25	= (b) + (d)
	Medical Loss Ratio (MLR)	86.1%	=(g)/(f)

Notes:

ACA adjustments for QIA and taxes and fees are estimates based on historical experience and projected expenses.

Values reflect current actuarial projections and will differ from the final reported MLR.

This projection applies to the products included in this filing and is a standalone calculation for the 2020 calendar year. This projection differs from the MLR calculation specified by PPACA which includes three years of experience for all business in the MLR pool.

Exhibit 7 Quarterly Trend Factors

Effective Quarter	Membership	Med Trend + HIF Factor	Index Rate
1Q 2019	63.1%	1.000	\$587.69
2Q 2019	8.9%	1.029	\$605.01
3Q 2019	14.0%	1.060	\$622.84
4Q 2019	14.1%	1.091	\$641.20
Total	100.0%	1.024	\$601.66

Exhibit 8 Trend Exhibit

Service Type	Unit Cost	Utilization	Total
Facility Inpatient	5.9%	2.8%	8.9%
Facility Outpatient	4.1%	6.8%	11.2%
Physician	1.5%	6.3%	7.9%
Capitation	0.0%	0.0%	0.0%
Medical	3.5%	5.7%	9.4%
Pharmacy	11.7%	3.3%	15.4%
Total (Med + Rx)	5.4%	5.1%	10.7%

Exhibit 9

Sample Rate Calculation

The following steps outline the mathematical formula used to develop the member level rates for a sample small group. The input assumptions and the census provided below are for illustrative purposes only.

Sample Small Group Information:

Effective Date: 01/01/2020 Rating Area: Rating Area 1

Plan: DC Gold OAEPO 1650 100% HSA T

	Employee	Spouse	Child 1	Child 2	Child 3
Group Census	<u>Age</u>	<u>Age</u>	<u>Age</u>	<u>Age</u>	<u>Age</u>
Employee 1	35	36	5	7	
Employee 2	56	52			
Employee 3	24	21			
Employee 4	52	49	19	17	16
Employee 5	65	65	25		
Employee 6	58	60	24		
Employee 7	56	51			
Employee 8	42	41			
Employee 9	33	34	5	6	7
Employee 10	25	28	2	1	

Age and Tobacco Age Factors

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Factors	Employee	Spouse	Child 1	Child 2	Child 3
Employee 1	0.876	0.896	0.654	0.654	
Employee 2	1.801	1.545			
Employee 3	0.727	0.727			
Employee 4	1.545	1.377	0.654	0.654	0.654
Employee 5	2.181	2.181	0.727		
Employee 6	1.944	2.099	0.727		
Employee 7	1.801	1.487			
Employee 8	1.053	1.013			
Employee 9	0.836	0.856	0.654	0.654	0.654
Employee 10	0.727	0.744	0.654	0.654	

Calculation of Monthly Premium

Step 1: Multiply Market Base Rate x Rating Area Factor x Plan Factor x Effective Date Factor

Market Base Rate =	\$692.97
x Rating Area Factor (Rating Area 1)	1.0000
x Plan Factor	0.7985
x Effective Date Factor	1.0000
Market Base Rate adjusted for Plan/Area/Effective Date =	\$553.37

Step 2: Multiply Adjusted Market Base Rate in Step 1 by the Member level Age and Tobacco Factors:

Member Monthly Rates	Employee	Spouse	Child 1	Child 2	Child 3	Total
Employee 1	\$484.75	\$495.82	\$361.90	\$361.90		\$1,704.37
Employee 2	\$996.61	\$854.95				\$1,851.56
Employee 3	\$402.30	\$402.30				\$804.60
Employee 4	\$854.95	\$761.98	\$361.90	\$361.90	\$361.90	\$2,702.63
Employee 5	\$1,206.89	\$1,206.89	\$402.30			\$2,816.08
Employee 6	\$1,075.74	\$1,161.51	\$402.30			\$2,639.55
Employee 7	\$996.61	\$822.85				\$1,819.46
Employee 8	\$582.69	\$560.56				\$1,143.25
Employee 9	\$462.61	\$473.68	\$361.90	\$361.90	\$361.90	\$2,021.99
Employee 10	\$402.30	\$411.70	\$361.90	\$361.90		\$1,537.80
Group Total Monthly Premium:						\$19,041.29

Note: Member level monthly rates are rounded to the nearest penny.

Exhibit 10 Plan Mapping

2018 HIOS Plan ID	2018 Plan Name	2019 HIOS Plan ID	2019 Plan Name	2020 HIOS Plan ID	2020 Plan Name
77422DC0090005	DC Bronze PPO 5000 80/50 HSA E	77422DC0110001	DC Bronze OAEPO 6000 80% HSA E	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E
77422DC0090003	DC Silver PPO 3000 100/50 HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E
77422DC0090007	DC Gold PPO 1600 100/50 HSA T	77422DC0110003	DC Gold OAEPO 1600 100% HSA T	77422DC0110003	DC Gold OAEPO 1650 100% HSA T
77422DC0090008	DC Gold PPO 500 90/50	77422DC0110004	DC Gold OAEPO 500 90% E	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E
77422DC0090009	DC Gold PPO 70/50	77422DC0110005	DC Gold OAEPO 70% T	77422DC0110005	DC Gold OAEPO 70% \$25/40 T
77422DC0090006	DC Silver PPO 4500 80/50	77422DC0110007	DC Silver OAEPO 4800 80% E	77422DC0110007	DC Silver OAEPO 4800 80% \$25/40 E
		77422DC0110002	DC Gold OAEPO 1000 100% E	77422DC0110002	DC Gold OAEPO 1500 90% E
				77422DC0110008	DC Silver OAEPO 2800 90% HSA E

Exhibit 11 Projected Age/Gender Distribution

Age	Male	Female	DC Age Factor
0-14	9.34%	8.49%	0.654
15	0.64%	0.63%	0.654
16	0.81%	0.66%	0.654
17	0.84%	0.63%	0.654
18	0.69%	0.64%	0.654
19	0.56%	0.69%	0.654
20	0.57%	0.77%	0.654
21	0.78%	0.67%	0.727
22	0.62%	0.64%	0.727
23	0.68%	0.75%	0.727
24	0.64%	0.66%	0.727
25	0.73%	0.79%	0.727
26	0.76%	0.99%	0.727
27	0.87%	0.92%	0.727
28	0.92%	0.94%	0.744
29	0.72%	0.93%	0.760
30	0.74%	0.91%	0.779
31	0.86%	0.95%	0.799
32	0.86%	0.97%	0.817
33	0.87%	0.98%	0.836
34	0.97%	0.87%	0.856

Note:

Age Calibration Factor computed as the weighted average of HHS Age Factor by projected membership distribution.

Note:

This is the age that most closely corresponds to the age calibration factor.

35	0.87%	1.03%	0.876
36	0.98%	1.03%	0.896
37	1.07%	1.04%	0.916
38	1.01%	0.87%	0.927
39	0.79%	0.83%	0.938
40	0.79%	0.82%	0.975
41	0.86%	0.94%	1.013
42	0.83%	0.84%	1.053
43	0.81%	0.73%	1.094
44	0.78%	0.78%	1.137
45	0.83%	0.81%	1.181
46	1.02%	0.85%	1.227
47	0.86%	0.86%	1.275
48	0.91%	0.88%	1.325
49	0.92%	0.97%	1.377
50	1.02%	0.75%	1.431
51	1.01%	0.92%	1.487
52	0.95%	0.92%	1.545
53	0.93%	0.93%	1.605
54	1.11%	0.86%	1.668
55	1.03%	0.85%	1.733
56	0.87%	0.75%	1.801
57	0.81%	0.72%	1.871
58	0.90%	0.73%	1.944
59	0.80%	0.69%	2.020
60	0.75%	0.62%	2.099
61	0.68%	0.63%	2.180
62	0.61%	0.58%	2.180
63	0.47%	0.40%	2.180
64	0.40%	0.34%	2.180
65+	0.71%	0.60%	2.180

Actuarial Value Certification

DC Plan Year: 2020 HIOS Issuer ID: 77422 77422DC011 **HIOS Product Ids:** 77422DC0110006 **HIOS Plan Ids:**

Per 156.135, the AV must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and methodologies. There are 3 types of certification:

- (1) Option 1 Certify that the plan was entered correctly and does not vary materially from standard options entered
- (2) Option 2 Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]
- (3) Option 3 Used the calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

The plans listed meet the criteria for Option 1 - the plans were entered correctly and do not vary materially from the standard options entered. In addition, a 0.9999 factor is applied to the average coinsurance in row 11 for most plans. While not materially impacting the entered benefit value, this methodology prevents the OP facility/physician splitting methodology from being invoked which we do not believe is appropriate for our benefit plans. The output from this consistently-applied process reflects our certified Actuarial Values.

Certification Language:

The development of the actuarial value was determined in accordance with the ASOPs established by the ASB and with applicable laws and regulations.

This analysis was conducted by a member of the American Academy of Actuaries that meets the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and has the education and experience necessary to perform the work.

The certifying actuary is an employee of Aetna.

This certification supports plans offered in the Small Group market.

Metal levels were appropriately assigned based on applicable law. Epara Kluza

Actuary Signature:

Actuary Printed name: Joanna Kluza, ASA, MAAA

Unique Plan Design - Issuer Actuarial Value Supporting Documentation and Justification

Plan Year: HIOS Issuer ID: HIOS Product Ids: DC 2020 77422 77422DC011

HIOS Plan Ids:	Option:	Item:
77422DC0110005	2	MH OP Split
77422DC0110007	2	MH OP Split
77422DC0110003	3	TIF
77422DC0110002	2	MH OP Split
77422DC0110008	2	ER Copay + Coins
77422DC0110004	2	MH OP Split
77422DC0110001	2	MH OP Split

1) Justification for use of Issuer AV:

Per 156.135, the AV must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and methodologies. There are 3 types of certification:

- (1) Option 1 Certify that the plan was entered correctly and does not vary materially from standard options entered
- (2) Option 2 Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]
- (3) Option 3 Used the calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

Aetna benefit plans were analyzed vs the AVC to determined when Option 2 and/or Option 3 vs Option 1 certification was necessary. Four underlying calculators were built to support population of the Mental Health OP, Specialist OV, ER, and Rx generic rows in the AVC. These all support Option 2 certifications, but only the calculators used are referenced below. A separate calculator was used for plans with True Individual Family (TIF) deductibles in support of Option 3. Again, only if the calculator was used would it be referenced below. In addition, a 0.9999 factor is applied to the average coinsurance in row 11 for most plans. While not materially impacting the entered benefit value, this methodology prevents the OP facility/physician splitting methodology from being invoked which we do not believe is appropriate for our benefit plans. The output from this consistently-applied process reflects our certified Actuarial

2) Regulatory permitted alternate method used:

(2) Option 2 - Certify that entries into the calculator were modified to reflect the plan appropriately [156.135.(b).(2)]

(3) Option 3 - Used calculator for provisions that fit and made adjustment for plan design features that deviate outside of calculator [156.135.(b).(3)]

3) Confirmation that only in-network cost sharing including multitier networks, was considered:

Confirmed. Only in-network cost sharing information was used.

4) Description of standardized plan population data used:

Detail of data used for each of the subcalculators is described below in items 5 & 6. All data was based on either the AVC continuance tables, or a national data set which is representative of the SG population

5) If the method described in 156.135.(b).(2) was used, description of how the benefits were modified to fit the parameters of the AV calculator:

MH OP Benefit Plan Fit Process

MH OP has two subcategories: MH OP - Office Visit and MH OV - All Other. The equivalent coinsurance for each was set as the plan copay divided by the unit cost. The adjusted equivalent coinsurance was then calculated for each copay/deductible combination. If there was non-uniform deductible applicability, the equivalent coinsurance was calculated that produced the same net impact as assuming both subcategories had no deductible applied. This was based on the distribution of claims cost from the AVC continuance tables, adjusted to take into account the impact of the OOP Max. The average coinsurance of the row was calculated based on the weightings of the internal subcategories.

ER Benefit Plan Fit Process

Where both an ER copay and coinsurance exist, we calculated a coinsurance equivalent amount. The copay visit costs were converted to equivalent coinsurance using the AVC continuance table average unit costs. The copay equivalent coinsurance was then multiplied by the actual coinsurance as the aggregate equivalent coinsurance.

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK CHECK-LIST

umber	Data Element	Requirement Description	In	dividual and Small Group
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 1
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 11
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 1
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2018 and later, follow filing due date requirements.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 1
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 1
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 1
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 1-2
Number	Data Element	Requirement Description	In	l dividual and Small Group
, unioci	Duta Exement	requirement Description	Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 1-2, Exhibit A
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2017Q1 over 2016Q1; etc.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 2
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 2
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 2
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 2
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 2

Number	Data Element	Requirement Description	Individual and Small Group		
			Has the Data Element Been Included?		
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 2	
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 3	
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 3	
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 3, 10	
17	Index Rate	Provide the index rate.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 3	
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 3-5	
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 5	
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 5	
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 6	
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 6, Exhibit E-2	

Number	Data Element	Requirement Description	In	dividual and Small Group
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 6, Exhibit E-2
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 6, Exhibit 3, Exhibit 7, Exhibit 11
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 7
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 7, Exhibit A-1
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 7
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 7
Number	Data Element	Requirement Description	Individual/and Small	1
			Has the Data Element Been Included?	
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 7, Exhibit 6
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 7, Exhibit 6

Number	Data Element	Requirement Description	In	dividual and Small Group
			Has the Data Element Been Included?	Location of the Data Element
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 8
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 8
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.		DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 8, Exhibit 5
Number	Data Element	Requirement Description	Individual and Small (
			Has the Data Element Been Included?	
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: Salaries, wages, employment taxes, and other employee benefits Commissions Taxes, licenses, and other regulatory fees Cost containment programs / quality improvement activities All other administrative expenses Total	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 8
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 8
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 9

Number	Data Element	Requirement Description	Individual and Small G	dividual and Small Group
			Has the Data Element Been Included?	Location of the Data Element
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20.doc - pg 9
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/A	N/A
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Supporting Documentaion
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	Supporting Documentation

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30th of the current year, whichever is first.	Yes	Supporting Documentation
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing.	N/A	N/A

	CERTIFYING SIGNATURE			
The undersigned representative of the organization submitting this rate filing attests that all items contained in				
the above checklist have been included	in the filing to the best of the company's ability.	form of		
		Janna Klurja		
Joanna Kluza	_			
(Print Name)		(Signature)		

Exhibit 12 Comparison of Key Pricing Factors to LY (2020) Pricing

% Impact to

			70 IIII pact to	
Category	2019	2020	Premium	Description
Base Experience PMPM*	\$275.58	\$327.30	11.0%	Using all SG experience (HMO/PPO) from DC (47%) and IH (53%)
Pricing Trend (annual)	11.7%	12.3%	11.3%	Experience higher utilization and unit cost pressure
Morbidity	1.02	1.02	0.8%	Expecting market risk pool to deteriorate slightly
Benefit	1.091	0.992	-6.8%	Leaner portfolio in 2020 compared to 2019
Demographic	1.007	1.054	4.3%	Expecting shift downward in age/gender factors
Area Factor	1.000	1.000	0.0%	No material change
Other	1.030	1.043	1.8%	Ben Chg, Ded Supp, etc.
Network Change	1.045	1.034	-0.1%	Adj to normalize experience for manual pricing
Risk Adjustment	-\$27.16	-\$2.57	-5.2%	2020 Projection based on Wakely 2018 Accruals
Projected Claim Cost	\$398.74	\$479.43	17.1%	
% of Premium Items				
Admin	8.7%	8.2%	1.8%	decreasing market footprint leads to increasing admin costs PMPM
Profit	1.4%	5.5%	5.6%	
FIT	0.29%	1.15%	1.2%	
AFIT	1.09%	4.31%	4.4%	
Taxes & Fees	5.5%	7.1%	3.7%	
Commissions	1.3%	1.1%	0.1%	
Prem Tax	3.3%	3.4%	1.1%	
HIF	0.0%	2.6%	3.3%	2020 HIF reinstated
Federal EUF	0.9%	0.0%	-0.9%	
State EUF	0.0%	0.0%	0.0%	N/A
PCORI	0.00%	0.03%	0.0%	No material change
Total % of Prem	15.54%	20.78%		
Single Risk Pool Premium (Wksht 1)	\$472.13	\$605.17	28.2%	Ties back to Wksht II Field #4.17
SG Trend Factor	1.061	1.024	-3.5%	
Index Rate	\$500.72	\$619.56		
Calibration Factors				
Trend	1.061	1.024		
Age	0.979	1.077		
Area	1.000	0.999		
Tobacco	1.000	1.000		
Avg 1.0 Premium	\$482.39	\$562.29		
Remove trend factor	\$454.86	\$549.23		
Consumer Premium Relativity	0.847	0.811		
Avg Prem	\$385.40	\$445.66	15.64%	
Premium Mix	1.143	1.038	-9.2%	
Avg Projection Period Premium	\$440.55	\$462.67	5.020%	Ties back to Wksht II Field # 1.13

Footnotes

*Base Experience PMPM for 2019 is 2017 Claims experience used for pricing LY with 1 year of trend to bring the claim level to 2018

*Base Experience PMPM for 2020 is 2018 Claims experience

Exhibit A-1 Rate Change by Plan

2019 HIOS Plan ID	2019 Plan Name	1Q2019	2020 HIOS Plan ID	2020 Plan Name	1Q2020	Rate
2019 HIOS Flaii ID	2019 Fian Name	Premium Rate	2020 HIOS Flaii ID	2020 Flan Name	Premium Rate	Change
77422DC0110002	DC Gold OAEPO 1000 100% E	\$416.71	77422DC0110002	DC Gold OAEPO 1500 90% E	\$413.44	-0.8%
77422DC0110004	DC Gold OAEPO 500 90% E	\$404.38	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	\$428.29	5.9%
77422DC0110003	DC Gold OAEPO 1600 100% HSA T	\$390.02	77422DC0110003	DC Gold OAEPO 1650 100% HSA T	\$402.30	3.1%
77422DC0110005	DC Gold OAEPO 70% T	\$371.41	77422DC0110005	DC Gold OAEPO 70% \$25/40 T	\$415.81	12.0%
77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$325.83	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$371.82	14.1%
77422DC0110007	DC Silver OAEPO 4800 80% E	\$296.71	77422DC0110007	DC Silver OAEPO 4800 80% \$25/40 E	\$333.53	12.4%
77422DC0110001	DC Bronze OAEPO 6000 80% HSA E	\$233.24	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	\$282.19	21.0%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$7,6	00.00								
MOOP if Separate (\$)				-						
			•			•	•			
Click Here for Important Instructions		Tie	r1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	✓ All	₽ All			✓ All	✓ All			☐ All	All
Emergency Room Services		~	70%		V	V				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>	70%		נונו	נו נו				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and			***************************************							
X-rays)				\$25.00	~	~				
Specialist Visit		П		\$40.00	V	~			П	П
Mental/Behavioral Health and Substance Use Disorder Outpatient					•					
Services		~	78%		~	~				
Imaging (CT/PET Scans, MRIs)		₹	70%		v	2		-	П	
Speech Therapy		П		\$65.00	☑	V				
					1					
Occupational and Physical Therapy				\$65.00	✓	✓				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		~	70%		7	P				
X-rays and Diagnostic Imaging		7	70%		- -	_				
Skilled Nursing Facility		₹	70%		Ī					Ī
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		₹.	70%		✓	✓				
Outpatient Surgery Physician/Surgical Services		₹	70%		⊽	₹				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$12.00	V	~				
Preferred Brand Drugs				\$55.00	V	יכ				
Non-Preferred Brand Drugs				\$95.00	V	V				
Specialty Drugs (i.e. high-cost)		v	60%		V	v				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?	~	1	Name:	DC Gold OAEPC	70% \$25/40 T					
Specialty Rx Coinsurance Maximum:	\$150		Plan HIOS ID:	77422DC011000	15					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422	2					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	81.92%									
Metal Tier:	Gold									
	NOTE: Service-sp	ecific cost-sharin	g is applying for	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator										

This product, DC Gold OAEPO 70% $$25/40\,\text{T}$, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.92%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A C	oution Amount:		1st 7	lier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	oution Amount:		2nd 1	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver 💌			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$4,800.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)	\$7,9	00.00		L .						
MOOP if Separate (\$)			l				l			
Click Here for Important Instructions		Tie	-1			T:	er 2		Tier 1	Tier 2
Click Here for important instructions	Cubinata			C !f	Cbiba-			Carrair if		
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if		ies only after actible?
an-di-d	Deductible?	Coinsurance?	different	separate	Deductible? ✓ All	Coinsurance?	different	separate	□ All	All
Medical Emergency Room Services	▼ ×1			\$750.00					□ All	
All Inpatient Hospital Services (inc. MH/SUD)	V		80%	\$750.00	ניני	נוכו			N C	
			80%							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00	V					
X-rays)				A40.00	V	- -				П
Specialist Visit	Ш	Ц	***************************************	\$40.00	(2)	[2]			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient		•	64%		✓	v				
Services	-		000/		V	v				
Imaging (CT/PET Scans, MRIs)		2	80%	ATE 00						
Speech Therapy	₹	П		\$75.00	V	V			₹	
0 1 1 10 1 17	✓			\$75.00	✓	✓			✓	
Occupational and Physical Therapy	П		100%	\$0.00	_	_	100%	\$0.00		
Preventive Care/Screening/Immunization	~	₹		\$0.00	U ⊽		100%	\$0.00		
Laboratory Outpatient and Professional Services	2	2	80% 80%		V	5				
X-rays and Diagnostic Imaging Skilled Nursing Facility	2		80%							
Skilled Nursing Facility	<u> </u>	•	80%		2	>			———	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$250.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	⊽	₹	100%		⊽	Þ			П	
Drugs	✓ All	✓ All	10070		✓ All	✓ All			□ All	□ All
Generics				\$12.00	▽	V				
Preferred Brand Drugs				\$55.00	v	v			Ö	- A
Non-Preferred Brand Drugs				\$95.00]	_ _			— Ä	
Specialty Drugs (i.e. high-cost)		<u> </u>	60%) [s	5				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?	V		Name:	DC Silver OAEPO	0 4800 80% \$25	/40 F				
Specialty Rx Coinsurance Maximum:	\$150		Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?	_									
#Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:										
Actuarial Value:	72.00%									
Metal Tier:	Silver									
	NOTE: One or mo	re services are n	ot subject to the	deductible and ha	ave no copay. A	Any service wit	h this cost-sharing	structure is c	overed at 100% I	y the plan in the
Additional Notes:	deductible range	. NOTE: Service-	specific cost-shar	ing is applying fo	r service(s) wit	h fac/prof com	ponents, overridi	ng outpatient	inputs for those	service(s).
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator										

This product, DC Silver OAEPO 4800 80% \$25/40 E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 72.00%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					Zna i	Tier Utilization:				
Desired Metal Tier										
Desired Wetai Hei		1 Plan Benefit D	esign	I	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	i	Medical	Drug	Combined			
Deductible (\$)			\$1,650.00	Ī						
Coinsurance (%, Insurer's Cost Share)			90.00%							
MOOP (\$)			\$3,950.00	1						
MOOP if Separate (\$)							ı			
Click Here for Important Instructions		T:-	er 1			-	ier 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	✓ All	✓ All	umerent	Separate	✓ All	✓ All	uniciciic	Separate	All	All
Emergency Room Services	•			\$0.00	v	v				n
All Inpatient Hospital Services (inc. MH/SUD)	V	~	90%		v	D.				ā
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	v			\$0.00	v					
X-rays)						V				
Specialist Visit	v			\$0.00	V	-				
Mental/Behavioral Health and Substance Use Disorder Outpatient	•			\$0.00	₩.					
Services	₹				2	2				
Imaging (CT/PET Scans, MRIs)				\$0.00 \$0.00						-
Speech Therapy	☑			\$0.00	₽	v				
Occupational and Physical Therapy	~			\$0.00	✓	✓				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00	П	П	100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$0.00	i i	Ī				
X-rays and Diagnostic Imaging	V			\$0.00	V	v				
Skilled Nursing Facility	V	v	90%		V	v				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	₹	90%		₹	₽				
Outpatient Surgery Physician/Surgical Services	•	v	100%		V	2				
Drugs	✓ All	✓ All		\$12.00	✓ All	✓ All			□ All	All
Generics Preferred Brand Drugs	7	H		\$55.00	נו נו	נונו))	
Non-Preferred Brand Drugs				\$95.00	Ž	V			1	H
Specialty Drugs (i.e. high-cost)	·	Z	60%	333.00	ē.	V				- H
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	DC Gold OAEPO	1650 100% HSA	ΑT				
Specialty Rx Coinsurance Maximum:	\$150		Plan HIOS ID:	77422DC011000	13					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422	<u>!</u>					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	Ш									
# Copays (1-10):										
Output		ı								
Calculate										
Status/Error Messages:										
Actuarial Value:	80.55%									
Metal Tier:	Gold									
	NOTE: Service-sp	ecific cost-sharir	ng is applying for s	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	its for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										
Option 3 Additive TIF adj	-1.00%									
Final AV	79.55%									

This product, DC Gold OAEPO 1650 100% HSA T, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.55%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantail	bution Amount:		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	button Amount:		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$3,000.00							
Coinsurance (%, Insurer's Cost Share)			90.00%							
MOOP (\$)			\$6,500.00							
MOOP if Separate (\$)							l			
and the state of t		Tie								Tier 2
Click Here for Important Instructions				,			ier 2		Tier 1	
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to		Copay, if	Copay applie	
And the d	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	aeauc	tible?
Medical	✓ All			AF-00-00	✓ All					
Emergency Room Services	7	2	000/	\$500.00	נונו	נו נו			<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>		90%		[S]	[2]			Ц	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	•			\$0.00	~					
X-rays)					- -	~				
Specialist Visit	•	Ш		\$0.00	<u> </u>	<u>~</u>			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient	•			\$0.00	~	w.				
Services	1				-					
Imaging (CT/PET Scans, MRIs)	•			\$0.00	D _	2			Ш	
Speech Therapy	☑			\$75.00	☑	⊽			₹	
	✓			\$75.00	✓	✓			✓	
Occupational and Physical Therapy								\$0.00		
Preventive Care/Screening/Immunization		<u> </u>	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2			\$0.00	> [_				
X-rays and Diagnostic Imaging	2			\$0.00) <u>c</u>	2				
Skilled Nursing Facility	✓	V	90%		٥	2				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~	90%		✓	✓				
Outpatient Surgery Physician/Surgical Services	☑	V	100%		⊽	⊽				П
Drugs	✓ All	₹ All	100/0		✓ All	✓ All			☐ All	□ All
Generics	₹			\$12.00	v				•	
Preferred Brand Drugs	ē	- H		\$55.00	v	ני ני			V	
Non-Preferred Brand Drugs	Ī			\$95.00	V	V			V	
Specialty Drugs (i.e. high-cost)	V	2	60%		5	5			Ü	- A
Options for Additional Benefit Design Limits:			Plan Description	n·						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	DC Silver OAEP	O 3000 100% HS	SA F				
Specialty Rx Coinsurance Maximum			Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422						
# Days (1-10)										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	71.34%									
Metal Tier:	Silver									
		ecific cost-sharin	g is applying for	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:						.,			*	
- management comments										
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator	2.2 100 50001103									

This product, DC Silver OAEPO 3000 100% HSA E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.34%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Fier Utilization				
Use Separate MOOP for Medical and Drug Spending?		7 timadi contin	oution 7 imount.		2nd 1	Fier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)		00.00		Į.						
MOOP if Separate (\$)			ļ				1			
		_								
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
And the d	Deductible? ✓ All	Coinsurance?	different	separate	Deductible? ✓ All	Coinsurance?	different	separate	deduc	TIBLE?
Medical Emergency Room Services		□ All		\$500.00					✓ All	
	•	- U	90%	\$500.00	0.0	נ נ			ä	
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>		90%			<u> </u>			Ш	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		•	90%		✓					
X-rays)		-	000/		~	2				
Specialist Visit	Ц		90%		<u> </u>	[2]			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		•	94%		✓	⊌				
Imaging (CT/PET Scans, MRIs)	•	2	90%		⊽	v				
Speech Therapy	₹		30/6	\$65.00	0 0	ō			v	
эрессі петару	·									
Occupational and Physical Therapy	₹			\$65.00	✓	✓			✓	
Preventive Care/Screening/Immunization		П	100%	\$0.00	П	П	100%	\$0.00		
Laboratory Outpatient and Professional Services		Н	10070	\$15.00	V	~	20070	30.00		П
X-rays and Diagnostic Imaging				\$65.00		ē			- i	
Skilled Nursing Facility	V	Z	90%		0 0	2			Ä	
	†									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$500.00	✓	☑			✓	
Outpatient Surgery Physician/Surgical Services	v	₹	100%		₹	₹				
Drugs	₽ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$12.00	~	¥				
Preferred Brand Drugs				\$55.00	2	v				
Non-Preferred Brand Drugs				\$95.00	V	v				_
Specialty Drugs (i.e. high-cost)		~	60%		~	~				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	DC Gold OAEPO						
Specialty Rx Coinsurance Maximum	\$150		Plan HIOS ID:	77422DC011000	2					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422						
# Days (1-10)										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	· 🗆									
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10)		J								
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	79.17%									
Metal Tier:	Gold	_								
									covered at 100% by	
Additional Notes:	deductible range	. NOTE: Service-	specific cost-shar	ing is applying fo	r service(s) wit	h tac/prof com	ponents, overridi	ng outpatient	inputs for those se	ervice(s).
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										

This product, DC Gold OAEPO 1500 90% E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.17%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆		Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		7 timadi contin	oution 7 uniount.		2nd 1	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-		4	1			
		1 Plan Benefit De		-		2 Plan Benefit				
D. I. (1) (A)	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			\$2,800.00 90.00%							
MOOP (\$)			\$6,750.00	1						
MOOP if Separate (\$)			50,750.00	-1		1	-			
moor in separate (4)			•		,		-			
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
T (D (C)	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	ctible?
Medical	₩ All	₽ All			✓ All	✓ All			All	All
Emergency Room Services	V	V	71%		9 9	v				
All Inpatient Hospital Services (inc. MH/SUD)	v	~	90%		v	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~	~	90%		~					
X-rays)										
Specialist Visit	v	v	90%		V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	~	90%		V					
Services	•	2	000/			2				
Imaging (CT/PET Scans, MRIs) Speech Therapy	☑	₹	90% 90%							
эрееці петару					₽	⊽				
Occupational and Physical Therapy	~	~	90%		✓	☑				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00	П		100%	\$0.00		
Laboratory Outpatient and Professional Services	2	7	90%	·		-				
X-rays and Diagnostic Imaging	V	2	90%		V	_ _				
Skilled Nursing Facility	•	☑	90%		2	7				
			90%		₽	⊽				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	V	90%							
Outpatient Surgery Physician/Surgical Services	v	₹	90%		V	V				
Drugs	₽ All	✓ All			✓ All	✓ All			All	All
Generics	2			\$12.00) <u>(</u>	_			<u> </u>	
Preferred Brand Drugs	2			\$55.00	0 0	3 2			2	
Non-Preferred Brand Drugs	2		CO0/	\$95.00	5 5	5				
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits:	•	•	60% Plan Description						Ш	
Set a Maximum on Specialty Rx Coinsurance Payments?		ı	Name:	i: DC Silver OAEP	U 38UU 0U% H2V	E				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay?		t	Issuer HIOS ID:	77422						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?		İ								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	74 240/									
Actuarial Value:	71.31%									
Metal Tier:	Silver	osific sost shada	a is applying for	- oprico(s) with f	s/prof com===	onte ovoreidi-	a outpationt !	ts for those	nsico(s)	
Additional Nation	ivo ic. service-sp	reciric cost-sildfill	e is abbiting for s	service(s) willi is	ic, proi compon	ents, overriuit	ng outpatient inpu	is for those se	ivice(S).	
Additional Notes:										
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator	0.0312 SECUITOS									
· mar Loco re Calculator										

This product, DC Silver OAEPO 2800 90% HSA E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.31%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

Use Integrated Medical and Drug Deductible	≘? □		HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Da	y? 🗆	HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Da	y? 🗌	Annual Cantail	bution Amount:		1st 7	lier Utilization:				
Use Separate MOOP for Medical and Drug Spending		Annual Contril	button Amount:		2nd 1	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard	d?									
Desired Metal Ti	er Gold 💌			_						
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$0.00								
Coinsurance (%, Insurer's Cost Share		100.00%								
MOOP (00.00		Į						
MOOP if Separate (\$)						l			
Click Here for Important Instructions		Tie				7:	er 2		Tier 1	Tier 2
Click Here for important instructions	Cubinata			C !f	Cubinata			Community		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		lies only after uctible?
Ma-diI	Deductible? ✓ All	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	□ All	All
Medical Emergency Room Services	V			\$500.00					<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD)		2	90%	\$500.00	9 9	נינ			<u> </u>	
			90%						Ш	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	, l			\$25.00	~	V				
X-rays)				A40.00	V	- -				
Specialist Visit				\$40.00	[2]	[2]			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient		~	88%		✓					
Services	2		000/		v	v				
Imaging (CT/PET Scans, MRIs)		<u> </u>	90%	ACE 00						
Speech Therapy	V			\$65.00	⊽	V			₹	
0 1 171	✓			\$65.00	✓	✓			✓	
Occupational and Physical Therapy			100%	\$0.00	_		100%	\$0.00		
Preventive Care/Screening/Immunization			100%				100%	\$0.00	•	
Laboratory Outpatient and Professional Services	2			\$15.00 \$65.00	2	5			₹	
X-rays and Diagnostic Imaging Skilled Nursing Facility	2		90%	\$65.00						
Skilled Nursing Facility	<u> </u>	v	90%		V	>			—— Ш	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$250.00	✓	✓			₹	
Outpatient Surgery Physician/Surgical Services	₹	₹	100%		⊽	v			П	
Drugs	✓ All	₹ All	10070		✓ All	✓ All			□ All	□ All
Generics				\$12.00	V	·				
Preferred Brand Drugs	T 5			\$55.00	v	ē			Ö	T H
Non-Preferred Brand Drugs				\$95.00	-				— Ä	
Specialty Drugs (i.e. high-cost)	T T	7	60%		Ö	5			– H	
Options for Additional Benefit Design Limits:			Plan Description	•						
Set a Maximum on Specialty Rx Coinsurance Payment	s? ₽	1	Name:	DC Gold OAEPO	500 90% \$25/4	D.F.				
Specialty Rx Coinsurance Maximur			Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copa			Issuer HIOS ID:	77422						
# Days (1-10										
Begin Primary Care Cost-Sharing After a Set Number of Visit										
#Visits (1-10										
Begin Primary Care Deductible/Coinsurance After a Set Number										
Copay										
# Copays (1-10										
Output	,.									
Calculate										
Status/Error Messages:										
Actuarial Value:	79.77%									
Metal Tier:	Gold									
		ore services are n	ot subject to the o	deductible and h	ave no copay.	Any service wit	h this cost-sharing	structure is c	overed at 100%	y the plan in the
Additional Notes:							ponents, overridi			
										• •
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										

This product, DC Gold OAEPO 500 90% \$25/40 E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.77%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters		- -								
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?	✓	HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan				
Apply Skilled Nursing Facility Copay per Day?	•	Appual Contril	bution Amount:		1st	Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	button Amount.		2nd 1	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$6,000.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	4						
MOOP (\$)		1	\$7,900.00	1						
MOOP if Separate (\$)							Į.			
Click Here for Important Instructions		Tie	or 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to		Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	✓ All	⊋ All	umerene	Separate	✓ All	✓ All	uniciciii	Separate	□ All	All
Emergency Room Services	•	ñ		\$500.00		2			•	- i
All Inpatient Hospital Services (inc. MH/SUD)	Ž	— H		\$300.00	9 9	Ī			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	~			\$15.00	~	~			~	
Specialist Visit	~			\$50.00	V	~			•	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~	~	91%		₩.	~				
Imaging (CT/PET Scans, MRIs)	☑			\$250.00	V	v			V	_
Speech Therapy	☑			\$50.00	V	V			₹	
	☑			\$50.00	V	⊽			₹	
Occupational and Physical Therapy	₩.			\$50.00	<u> </u>				₩.	Ц
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•			\$15.00	V	V			•	
X-rays and Diagnostic Imaging	v			\$50.00	2	7			V	
Skilled Nursing Facility	V			\$300.00	V	٧			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	₹	80%		✓	V				
	_					_				_
Outpatient Surgery Physician/Surgical Services	V	₹	80%		V	v				
Drugs	✓ All	✓ All			✓ All	✓ All			All	All
Generics	2			\$15.00	١	0 0			2	
Preferred Brand Drugs	2			\$65.00	5				2	<u> </u>
Non-Preferred Brand Drugs	2		500/	\$100.00	5	2			2	
Specialty Drugs (i.e. high-cost)	~	~	60%		V	V			Ш	
Options for Additional Benefit Design Limits:		1	Plan Description			F (FO F				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	DC Bronze OAE		5/50 E				
Specialty Rx Coinsurance Maximum:		ł	Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	77422						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		ł								
# Visits (1-10):	П									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	ł								
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	61.06%									
Metal Tier:	Bronze									
		ecific cost-sharin	g is applying for	service(s) with fa	c/prof compon	ents, overridir	g outpatient inpu	ts for those sei	rvice(s).	
Additional Notes:						.,				
- management of the second of										
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator										

This product, DC Bronze OAEPO 6000 80% \$15/50 E, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.06%

Exhibit A Product Portfolio & Projected Membership Distribution

HIOS Plan-ID	Network	Plan	Metallic Tier	Actuarial Value	Exchange Offering	Projected Membership Distribution
77422DC0110005	PPO	DC Gold OAEPO 70% \$25/40 T	Gold	81.92%	Yes	23.08%
77422DC0110007	PPO	DC Silver OAEPO 4800 80% \$25/40 E	Silver	72.00%	Yes	1.92%
77422DC0110003	PPO	DC Gold OAEPO 1650 100% HSA T	Gold	79.55%	Yes	23.08%
77422DC0110006	PPO	DC Silver OAEPO 3000 100% HSA E	Silver	71.34%	Yes	1.92%
77422DC0110002	PPO	DC Gold OAEPO 1500 90% E	Gold	79.17%	Yes	23.08%
77422DC0110008	PPO	DC Silver OAEPO 2800 90% HSA E	Silver	71.31%	Yes	1.92%
77422DC0110004	PPO	DC Gold OAEPO 500 90% \$25/40 E	Gold	79.77%	Yes	23.08%
77422DC0110001	PPO	DC Bronze OAEPO 6000 80% \$15/50 E	Bronze	61.06%	Yes	1.92%

Exhibit E-1 Calculation of Market Adjusted Index Rate

Projected Index Rate:	\$619.28
Net Risk Adjustment:	1.005
Exchange User Fees:	1.000
Total Impact:	0.005
Market Adjusted Index Rate:	\$622.57

		HOS ISSUER	10.77422														
		Exhibit E															
	Calculation of Plan Adjusted I	ndex Rates and	Calibrated Plan	n Adjusted Index F	Rates												
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
										= Product					= Product		
										(Columns 1-6)	ı			1	(Columns 8-11)	= (7) x (12)	= (7) / (1)
				Market	AV & Cost	Distribution &		Benefits in	Impact of	Plan Adjusted	Tobacco	Age Calibration	Geography		Calibration	Calibrated Plan	AV Pricing
HIOS ID	Plan Name	Metal Tier	Membership	Adjusted Index Rate	Sharing	Admin	Network & UM	addition to EHBs	Eligibility (CAT)	Index Rate	Calibration Factor	Factor	Calibration	Trend Factor	Factor	Adjusted Index Rate	Value
77.4227 (01.10005	DO G HOAFDO SON \$25 NO F	0.11	22.000/		0.025	1.250	1.000		1.000	646.60		0.020	Factor	0.077	0.000		1.000
77422DC0110005	DC Gold OAEPO 70% \$25/40 T	Gold	23.08%	\$622.57	0.825	1.259	1.000	1.000		646.69	1.000	0.929	1.001	0.977	0.908	586.91	1.039
77422DC0110007	DC Silver OAEPO 4800 80% \$25/40 E	Silver	1.92%	\$622.57	0.662	1.259	1.000	1.000	1.000	518.70	1.000	0.929	1.001	0.977	0.908	470.76	0.833
77422DC0110003	DC Gold OAEPO 1650 100% HSA T	Gold	23.08%	\$622.57	0.799	1.259	1.000	1.000	1.000	625.67	1.000	0.929	1.001	0.977	0.908	567.83	1.005
77422DC0110006	DC Silver OAEPO 3000 100% HSA E	Silver	1.92%	\$622.57	0.738	1.259	1.000	1.000	1.000	578.27	1.000	0.929	1.001	0.977	0.908	524.81	0.929
77422DC0110002	DC Gold OAEPO 1500 90% E	Gold	23.08%	\$622.57	0.821	1.259	1.000	1.000	1.000	642.99	1.000	0.929	1.001	0.977	0.908	583.56	1.033
77422DC0110008	DC Silver OAEPO 2800 90% HSA E	Silver	1.92%	\$622.57	0.697	1.259	1.000	1.000	1.000	545.93	1.000	0.929	1.001	0.977	0.908	495.47	0.877
77422DC0110004																	
77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	Gold	23.08%	\$622.57	0.850	1.259	1.000	1.000	1.000	666.09	1.000	0.929	1.001	0.977	0.908	604.52	1.070

Exhibit 1 2020 Rate Increases by Product

Product	Average Rate Increase	Minimum Rate Increase	Maximum Rate Increase
ElectChoiceOpenAccess	7.76%	1.34%	23.57%

Exhibit 2 Claim Impact due to Demographic Changes

	Experienc Distrib			Demographic ctor		ted Period ribution		Demographic ctor
Age	Male	Female	Male	Female	Male	Female	Male	Female
0	0.74%	0.81%	1.050	0.939	0.56%	0.46%	1.050	0.939
1	0.62%	0.88%	1.050	0.939	0.57%	0.49%	1.050	0.939
3	0.44% 0.75%	0.75%	0.601	0.596 0.596	0.71%	0.49%	0.601	0.596 0.596
4	0.78%	0.63%	0.601	0.596	0.56%	0.51%	0.601	0.596
5	0.55%	0.31%	0.570	0.565	0.64%	0.56%	0.570	0.565
6	0.35%	0.50%	0.570	0.565	0.56%	0.55%	0.570	0.565
7	0.32%	0.69%	0.570	0.565	0.65%	0.50%	0.570	0.565
8	0.32% 0.27%	0.38%	0.570	0.565 0.565	0.64%	0.67% 0.67%	0.570 0.570	0.565 0.565
10	0.25%	0.17%	0.578	0.565	0.63%	0.70%	0.578	0.565
11	0.22%	0.17%	0.578	0.565	0.62%	0.61%	0.578	0.565
12	0.17%	0.17%	0.578	0.565	0.62%	0.63%	0.578	0.565
13 14	0.35%	0.40%	0.578	0.565	0.75%	0.60%	0.578	0.565
14	0.50% 0.41%	0.21%	0.578	0.565 0.615	0.73%	0.59% 0.63%	0.578 0.606	0.565 0.615
16	0.39%	0.28%	0.606	0.615	0.82%	0.67%	0.606	0.615
17	0.27%	0.29%	0.606	0.615	0.84%	0.63%	0.606	0.615
18	0.51%	0.33%	0.606	0.615	0.70%	0.64%	0.606	0.615
19	0.17%	0.43%	0.606	0.615	0.57%	0.70%	0.606	0.615
20 21	0.16% 0.18%	0.29%	0.451	0.741 0.741	0.57%	0.77% 0.67%	0.451 0.451	0.741 0.741
22	0.13%	1.00%	0.451	0.741	0.62%	0.64%	0.451	0.741
23	0.79%	1.27%	0.451	0.741	0.68%	0.75%	0.451	0.741
24	1.28%	1.76%	0.451	0.741	0.64%	0.66%	0.451	0.741
25	1.24%	1.29%	0.460	1.106	0.73%	0.79%	0.460	1.106
26 27	2.41% 3.08%	2.63% 3.28%	0.460	1.106 1.106	0.76%	0.99% 0.92%	0.460 0.460	1.106 1.106
28	2.55%	2.45%	0.460	1.106	0.92%	0.94%	0.460	1.106
29	2.32%	1.70%	0.460	1.106	0.72%	0.93%	0.460	1.106
30	1.85%	2.63%	0.519	1.197	0.74%	0.91%	0.519	1.197
31	1.59%	2.49%	0.519	1.197	0.86%	0.95%	0.519	1.197
32 33	1.18%	2.28% 1.29%	0.519	1.197 1.197	0.86%	0.97% 0.98%	0.519 0.519	1.197 1.197
34	1.45%	1.01%	0.519	1.197	0.97%	0.87%	0.519	1.197
35	1.64%	1.13%	0.630	1.197	0.87%	1.03%	0.630	1.197
36	1.69%	1.13%	0.630	1.197	0.98%	1.03%	0.630	1.197
37	0.94%	0.86%	0.630	1.197	1.07%	1.04%	0.630	1.197
38 39	0.76% 1.10%	1.15% 0.80%	0.630	1.197 1.197	1.01% 0.79%	0.87% 0.83%	0.630 0.630	1.197 1.197
40	1.03%	0.93%	0.790	1.197	0.79%	0.82%	0.790	1.197
41	0.95%	0.79%	0.790	1.197	0.86%	0.94%	0.790	1.197
42	0.80%	0.87%	0.790	1.197	0.83%	0.84%	0.790	1.197
43	0.82%	0.89%	0.790	1.197	0.81%	0.73%	0.790	1.197
44 45	0.59% 0.50%	0.72%	0.790 1.000	1.197 1.269	0.78%	0.78% 0.81%	0.790 1.000	1.197 1.269
46	0.52%	0.68%	1.000	1.269	1.02%	0.85%	1.000	1.269
47	0.42%	0.80%	1.000	1.269	0.86%	0.86%	1.000	1.269
48	0.31%	0.45%	1.000	1.269	0.91%	0.88%	1.000	1.269
49	0.15%	0.34%	1.000	1.269	0.92%	0.97%	1.000	1.269
50 51	0.15% 0.19%	0.55% 0.56%	1.370	1.460 1.460	1.02%	0.75% 0.92%	1.370 1.370	1.460 1.460
52	0.19%	0.31%	1.370	1.460	0.95%	0.92%	1.370	1.460
53	0.33%	0.42%	1.370	1.460	0.93%	0.93%	1.370	1.460
54	0.26%	0.31%	1.370	1.460	1.11%	0.86%	1.370	1.460
55	0.49%	0.32%	1.757	1.745	1.03%	0.85%	1.757	1.745
56	0.47%	0.20%	1.757	1.745	0.87%	0.75%	1.757	1.745
57 58	0.06% 0.52%	0.50%	1.757	1.745 1.745	0.81%	0.72% 0.73%	1.757 1.757	1.745 1.745
59	0.32%	0.09%	1.757	1.745	0.80%	0.73%	1.757	1.745
60	0.31%	0.28%	2.218	2.128	0.75%	0.62%	2.218	2.128
61	0.52%	0.46%	2.218	2.128	0.68%	0.63%	2.218	2.128
62	0.30%	0.14%	2.218	2.128	0.61%	0.58%	2.218	2.128
63 64	0.28% 0.28%	0.04%	2.218	2.128 2.128	0.47%	0.40%	2.218 2.218	2.128 2.128
65+	0.28%	0.16%	3.200	2.128	0.40%	0.60%	3.200	2.128

Experience Period	0.9427
Demographic Factor	0.9427

Experience Period Demographic Factor computed as the weighted average of gender specific Demographic Factor by current population distribution.

Projected Demographic Factor	1.0443
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Projected Demographic Factor computed as the weighted average of gender specific Demographic Factor by projected population distribution.

Demographic Change	1.1078
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Note:
Claim Impact due to Demographic Changes computed as the ratio of the Projected Demographic Factor over the Experience Period Demographic Factor.

Exhibit 3 Projected Membership Distribution by County

Rating Area	Counties	Experience Period Membership	Experience Period Area Factor	Projected Membership	Projected Area Factor
1	District of Columbia	100%	1.000	100%	1.000

Average Experience Period	
Area Factor	1.0000

Note:

Average Experience Period Area Factor computed as the weighted average of Experience Period Area Factors by experience period membership distribution.

Average Projected Area Factor	1.0000
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Note:

Projected Area Factor computed as the weighted average of Projection Period Area Factors by projected membership distribution.

Area Shift Factor	1.0000
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Note:

Area Shift Factor computed as the ratio of the Projected Membership by Area over the Experience Membership by Area Factor represents:

Factor represents:
The impact due to the shift of the population distribution across areas.

Area Factor Change	1.0000
--------------------	--------

Note:

Area Factor Change computed as the ratio of the Projected Area Factor over the Experience Area Factor both using experience membership

Factor represents:

The impact due to cost relativity changes, including changes to provider networks and contracts, from the experience period to the rating period.

Exhibit 4 Projected Membership and Paid to Allowed by Metal Tier

Metallic Tier	Projected Membership	Projected Paid to Allowed Ratio
Platinum	0	N/A
Gold	96	82%
Silver	6	73%
Bronze	2	64%
Catastrophic	0	N/A
Total	104	81%

Exhibit 5 Retention as a Percent of Premium and PMPM

Retention Components	% of Premium	PMPM
Administrative Expense Load	9.06%	\$56.24
Profit & Risk Load	4.31%	\$26.76
Premium Tax	3.40%	\$21.11
User Exchange Fee	0.00%	\$0.00
State Based Exchange Fee	0.00%	\$0.00
HIF	2.60%	\$16.15
Risk Adjustment User Fee	0.03%	\$0.18
Federal Income Tax	1.15%	\$7.11
Total Taxes and Fees	7.17%	\$44.55

Exhibit 6 MLR Projection

			Formula
(a)	Premium (pmpm)	\$620.99	
(b)	Medical Cost (pmpm)	\$490.33	
(c)	Medical Benefit Ratio (MBR)	79.0%	= (c) / (b)
(d)	Quality Improvement Action (pmpm)	\$4.97	= (a) x 0.80%
(e)	Taxes and Fees (pmpm)	\$47.66	
(f)	Adjusted Premium (pmpm)	\$573.33	=(a) - (e)
(g)	Adjusted Claims (pmpm)	\$495.30	= (b) + (d)
	Medical Loss Ratio (MLR)	86.4%	=(g)/(f)

Notes:

ACA adjustments for QIA and taxes and fees are estimates based on historical experience and projected expenses.

Values reflect current actuarial projections and will differ from the final reported MLR.

This projection applies to the products included in this filing and is a standalone calculation for the 2020 calendar year. This projection differs from the MLR calculation specified by PPACA which includes three years of experience for all business in the MLR pool.

Exhibit 7 Quarterly Trend Factors

Effective Quarter	Membership	Med Trend + HIF Factor	Index Rate
1Q 2019	63.1%	1.000	\$604.90
2Q 2019	8.9%	1.029	\$622.72
3Q 2019	14.0%	1.060	\$641.08
4Q 2019	14.1%	1.091	\$659.97
Total	100.0%	1.024	\$619.28

Exhibit 8 Trend Exhibit

Service Type	Unit Cost	Utilization	Total
Facility Inpatient	5.9%	2.8%	8.9%
Facility Outpatient	4.1%	6.8%	11.2%
Physician	1.5%	6.3%	7.9%
Capitation	0.0%	0.0%	0.0%
Medical	3.5%	5.7%	9.4%
Pharmacy	11.7%	3.3%	15.4%
Total (Med + Rx)	5.4%	5.1%	10.7%

Exhibit 9

Sample Rate Calculation

The following steps outline the mathematical formula used to develop the member level rates for a sample small group. The input assumptions and the census provided below are for illustrative purposes only.

Sample Small Group Information:

Effective Date: 01/01/2020 Rating Area: Rating Area 1

Plan: DC Gold OAEPO 1650 100% HSA T

	Employee	Spouse	Child 1	Child 2	Child 3
Group Census	<u>Age</u>	<u>Age</u>	<u>Age</u>	<u>Age</u>	<u>Age</u>
Employee 1	35	36	5	7	
Employee 2	56	52			
Employee 3	24	21			
Employee 4	52	49	19	17	16
Employee 5	65	65	25		
Employee 6	58	60	24		
Employee 7	56	51			
Employee 8	42	41			
Employee 9	33	34	5	6	7
Employee 10	25	28	2	1	

Age and Tobacco Age Factors

rige una rosacco	ingo i decors				
Factors	Employee	Spouse	Child 1	Child 2	Child 3
Employee 1	0.876	0.896	0.654	0.654	
Employee 2	1.801	1.545			
Employee 3	0.727	0.727			
Employee 4	1.545	1.377	0.654	0.654	0.654
Employee 5	2.181	2.181	0.727		
Employee 6	1.944	2.099	0.727		
Employee 7	1.801	1.487			
Employee 8	1.053	1.013			
Employee 9	0.836	0.856	0.654	0.654	0.654
Employee 10	0.727	0.744	0.654	0.654	

Calculation of Monthly Premium

Step 1: Multiply Market Base Rate x Rating Area Factor x Plan Factor x Effective Date Factor

Market Base Rate =	\$711.08
x Rating Area Factor (Rating Area 1)	1.0000
x Plan Factor	0.7985
x Effective Date Factor	1.0000
Market Base Rate adjusted for Plan/Area/Effective Date =	\$567.83

Step 2: Multiply Adjusted Market Base Rate in Step 1 by the Member level Age and Tobacco Factors:

Member Monthly Rates	Employee	Spouse	Child 1	Child 2	Child 3	Total
Employee 1	\$497.42	\$508.77	\$371.36	\$371.36		\$1,748.91
Employee 2	\$1,022.66	\$877.30				\$1,899.96
Employee 3	\$412.81	\$412.81				\$825.62
Employee 4	\$877.30	\$781.90	\$371.36	\$371.36	\$371.36	\$2,773.28
Employee 5	\$1,238.43	\$1,238.43	\$412.81			\$2,889.67
Employee 6	\$1,103.86	\$1,191.87	\$412.81			\$2,708.54
Employee 7	\$1,022.66	\$844.36				\$1,867.02
Employee 8	\$597.92	\$575.21				\$1,173.13
Employee 9	\$474.70	\$486.06	\$371.36	\$371.36	\$371.36	\$2,074.84
Employee 10	\$412.81	\$422.46	\$371.36	\$371.36		\$1,577.99
Group Total Monthly Premium:						\$19,538.96

Note: Member level monthly rates are rounded to the nearest penny.

Exhibit 10 Plan Mapping

2018 HIOS Plan ID	2018 Plan Name	2019 HIOS Plan ID	2019 Plan Name	2020 HIOS Plan ID	2020 Plan Name
77422DC0090005	DC Bronze PPO 5000 80/50 HSA E	77422DC0110001	DC Bronze OAEPO 6000 80% HSA E	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E
77422DC0090003	DC Silver PPO 3000 100/50 HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	77422DC0110006	DC Silver OAEPO 3000 100% HSA E
77422DC0090007	DC Gold PPO 1600 100/50 HSA T	77422DC0110003	DC Gold OAEPO 1600 100% HSA T	77422DC0110003	DC Gold OAEPO 1650 100% HSA T
77422DC0090008	DC Gold PPO 500 90/50	77422DC0110004	DC Gold OAEPO 500 90% E	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E
77422DC0090009	DC Gold PPO 70/50	77422DC0110005	DC Gold OAEPO 70% T	77422DC0110005	DC Gold OAEPO 70% \$25/40 T
77422DC0090006	DC Silver PPO 4500 80/50	77422DC0110007	DC Silver OAEPO 4800 80% E	77422DC0110007	DC Silver OAEPO 4800 80% \$25/40 E
		77422DC0110002	DC Gold OAEPO 1000 100% E	77422DC0110002	DC Gold OAEPO 1500 90% E
				77422DC0110008	DC Silver OAEPO 2800 90% HSA E

Exhibit 11 Projected Age/Gender Distribution

Age	Male	Female	DC Age Factor
0-14	9.34%	8.49%	0.654
15	0.64%	0.63%	0.654
16	0.81%	0.66%	0.654
17	0.84%	0.63%	0.654
18	0.69%	0.64%	0.654
19	0.56%	0.69%	0.654
20	0.57%	0.77%	0.654
21	0.78%	0.67%	0.727
22	0.62%	0.64%	0.727
23	0.68%	0.75%	0.727
24	0.64%	0.66%	0.727
25	0.73%	0.79%	0.727
26	0.76%	0.99%	0.727
27	0.87%	0.92%	0.727
28	0.92%	0.94%	0.744
29	0.72%	0.93%	0.760
30	0.74%	0.91%	0.779
31	0.86%	0.95%	0.799
32	0.86%	0.97%	0.817
33	0.87%	0.98%	0.836
34	0.97%	0.87%	0.856

Note:

Age Calibration Factor computed as the weighted average of HHS Age Factor by projected membership distribution.

Note:

This is the age that most closely corresponds to the age calibration factor.

35	0.87%	1.03%	0.876
36	0.98%	1.03%	0.896
37	1.07%	1.04%	0.916
38	1.01%	0.87%	0.927
39	0.79%	0.83%	0.938
40	0.79%	0.82%	0.975
41	0.86%	0.94%	1.013
42	0.83%	0.84%	1.053
43	0.81%	0.73%	1.094
44	0.78%	0.78%	1.137
45	0.83%	0.81%	1.181
46	1.02%	0.85%	1.227
47	0.86%	0.86%	1.275
48	0.91%	0.88%	1.325
49	0.92%	0.97%	1.377
50	1.02%	0.75%	1.431
51	1.01%	0.92%	1.487
52	0.95%	0.92%	1.545
53	0.93%	0.93%	1.605
54	1.11%	0.86%	1.668
55	1.03%	0.85%	1.733
56	0.87%	0.75%	1.801
57	0.81%	0.72%	1.871
58	0.90%	0.73%	1.944
59	0.80%	0.69%	2.020
60	0.75%	0.62%	2.099
61	0.68%	0.63%	2.180
62	0.61%	0.58%	2.180
63	0.47%	0.40%	2.180
64	0.40%	0.34%	2.180
65+	0.71%	0.60%	2.180

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

vumber	Data Element	Requirement Description	Individual and Small Group				
			Has the Data Element Been Included?	Location of the Data Element			
proposed changes to the base rates and rating factors, and provigeneral summary. Form Numbers Form numbers should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The HIOS product ID should be listed in the actuarial memorandum. The weighted whether the forms are open to new sales, closed, or a more of both. The Market Include a basic description of the benefits of the forms reference the filing and the metal level of each plan design. The HIOS product ID should be asserted the filing and the metal level of each plan design using the AV calculator developed and made available by HHS. The weighted average rate increase being requested, incremental year-over-year renewal. The weights should be based on premise volume. In the small group market, please also provide weigner-over-year renewal. (Does not include changes in the demographics of the covered members.)		State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 1			
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 11			
3		The HIOS product ID should be listed in the actuarial memorandum.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 1			
4	Effective Date	For filings effective 1/1/2018 and later, follow filing due date	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 1			
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 1			
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non- grandfathered, or a mixture of both.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 1			
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 1-2			
Jumber	Data Flament	Paguirament Description	In	l dividual and Small Group			
diliber	Data Element	Requirement Description	Has the Data Element Been Included?	Location of the Data Element			
7.1	AV Value		Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 1-2, Exhibit A			
8	_	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2017Q1 over 2016Q1; etc.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 2			
9			Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 2			
Requested based on changes to the base ra year-over-year renewal. (Does a		The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 2			
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 2			
	1	Calculate the average renewal rate increase, weighted by written	Yes	DC Small Group Actuarial Memorandum -			

Number	Data Element	Requirement Description	In	dividual and Small Group			
	I		Has the Data Element Been Included?	ent Location of the Data Element			
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 2			
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 3			
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 3			
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 3, 10			
17	Index Rate	Provide the index rate.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 3			
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 3-5			
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 5			
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 5			
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 6			
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 6, Exhibit E-2			

Number	Data Element	Requirement Description	Individual and Small Group				
			Has the Data Element Been Included?				
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 6, Exhibit E-2			
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 6, Exhibit 3, Exhibit 7, Exhibit 11			
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 7			
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 7, Exhibit A-1			
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 7				
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 7			
Number	Data Element	Requirement Description	Individual/and Small (· •			
			Has the Data Element Been Included?	Location of the Data Element			
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 7, Exhibit 6			
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 7, Exhibit 6			

Number	Data Element	Data Element Requirement Description		Individual and Small Group					
			Has the Data Element Been Included?	Location of the Data Element					
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 8					
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 8					
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.		DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 8, Exhibit 5					
Number	Data Element	Requirement Description	Individual and Small (Group					
Number	Data Exement	Requirement Description	Has the Data Element Been Included?						
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: Salaries, wages, employment taxes, and other employee benefits Commissions Taxes, licenses, and other regulatory fees Cost containment programs / quality improvement activities All other administrative expenses Total	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 8					
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 8					

Number	Data Element	Requirement Description	In	dividual and Small Group
			Has the Data Element Been Included?	Location of the Data Element
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	DC Small Group Actuarial Memorandum - ALIC 1Q20 IVL.doc - pg 9
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/A	N/A
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Supporting Documentaion
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	Supporting Documentation

Number	Data Element	Requirement Description	Individual and Small Group				
			Has the Data Element Been Included?	Location of the Data Element			
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30th of the current year, whichever is first.	Yes	Supporting Documentation			
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and Demonstration that the plan has a reasonable annual limitation on cost-sharing.	N/A	N/A			

CERTIFYING SIGNATURE

 $The \ undersigned \ representative \ of \ the \ organization \ submitting \ this \ rate \ filing \ attests \ that \ all \ items \ contained \ in$

the above checklist have been included i	n the filing to the best of the company's ability.		
Regis Murayi		R	
(Print Name)		(Signature)	

Exhibit 12 Comparison of Key Pricing Factors to LY (2020) Pricing

% Impact to

Category	2019	2020	Premium	Description
Base Experience PMPM*	\$275.58	\$327.30	11.0%	Using all SG experience (HMO/PPO) from DC (47%) and IH (53%)
Pricing Trend (annual)	11.7%	12.3%	11.3%	Experience higher utilization and unit cost pressure
Morbidity	1.02	1.05	3.4%	Expecting market risk pool to deteriorate slightly
Benefit	1.091	0.992	-6.8%	Leaner portfolio in 2020 compared to 2019
Demographic	1.007	1.054	4.4%	Expecting shift downward in age/gender factors
Area Factor	1.000	1.000	0.0%	No material change
Other	1.030	1.043	2.0%	Ben Chg, Ded Supp, etc.
Network Change	1.045	1.034	0.0%	Adj to normalize experience for manual pricing
Risk Adjustment	-\$27.16	-\$2.61	-5.2%	2020 Projection based on Wakely 2018 Accruals
Projected Claim Cost	\$398.74	\$493.44	20.1%	
% of Premium Items				
Admin	8.7%	8.0%	1.8%	decreasing market footprint leads to increasing admin costs PMPM
Profit	1.4%	5.5%	5.8%	
FIT	0.29%	1.15%	1.2%	
AFIT	1.09%	4.31%	4.6%	
Taxes & Fees	5.5%	7.1%	3.9%	
Commissions	1.3%	1.1%	0.1%	
Prem Tax	3.3%	3.4%	1.2%	
HIF	0.0%	2.6%	3.4%	2020 HIF reinstated
Federal EUF	0.9%	0.0%	-0.9%	
State EUF	0.0%	0.0%	0.0%	N/A
PCORI	0.00%	0.03%	0.0%	No material change
Total % of Prem	15.54%	20.54%		
Single Risk Pool Premium (Wksht 1)	\$472.13	\$620.99	31.5%	Ties back to Wksht II Field #4.17
SG Trend Factor	1.061	1.024	-3.5%	
Index Rate	\$500.72	\$635.75		
Calibration Factors				
Trend	1.061	1.024		
Age	0.979	1.077		
Area	1.000	0.999		
Tobacco	1.000	1.000		
Avg 1.0 Premium	\$482.39	\$576.98		
Remove trend factor	\$454.86	\$563.59		
Consumer Premium Relativity	0.847	0.811		
Avg Prem	\$385.40	\$457.31	18.66%	
Premium Mix	1.114	1.012	-9.2%	
Avg Projection Period Premium	\$429.35	\$462.67	7.760%	Ties back to Wksht II Field # 1.13

Footnotes

*Base Experience PMPM for 2019 is 2017 Claims experience used for pricing LY with 1 year of trend to bring the claim level to 2018

*Base Experience PMPM for 2020 is 2018 Claims experience

Exhibit A-1 Rate Change by Plan

2019 HIOS Plan ID	2019 Plan Name	1Q2019 2020 HIOS Plan ID		2020 Plan Name	1Q2020	Rate
2019 HIOS Flail ID	2019 Fian Name	Premium Rate	2020 HIOS Flaii ID	2020 Flan Name	Premium Rate	Change
77422DC0110002	DC Gold OAEPO 1000 100% E	\$416.71	77422DC0110002	DC Gold OAEPO 1500 90% E	\$424.25	1.8%
77422DC0110004	DC Gold OAEPO 500 90% E	\$404.38	77422DC0110004	DC Gold OAEPO 500 90% \$25/40 E	\$439.49	8.7%
77422DC0110003	DC Gold OAEPO 1600 100% HSA T	\$390.02	77422DC0110003	DC Gold OAEPO 1650 100% HSA T	\$412.81	5.8%
77422DC0110005	DC Gold OAEPO 70% T	\$371.41	77422DC0110005	DC Gold OAEPO 70% \$25/40 T	\$426.68	14.9%
77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$325.83	77422DC0110006	DC Silver OAEPO 3000 100% HSA E	\$381.54	17.1%
77422DC0110007	DC Silver OAEPO 4800 80% E	\$296.71	77422DC0110007	DC Silver OAEPO 4800 80% \$25/40 E	\$342.24	15.3%
77422DC0110001	DC Bronze OAEPO 6000 80% HSA E	\$233.24	77422DC0110001	DC Bronze OAEPO 6000 80% \$15/50 E	\$289.56	24.1%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$7,6	00.00								
MOOP if Separate (\$)				-						
			•			•	•			
Click Here for Important Instructions		Tie	r1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	✓ All	₽ All			✓ All	✓ All			☐ All	All
Emergency Room Services		~	70%		V	V				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>	70%		נונו	נו נו				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and			***************************************							
X-rays)				\$25.00	~	~				
Specialist Visit		П		\$40.00	V	~			П	П
Mental/Behavioral Health and Substance Use Disorder Outpatient					•					
Services		~	78%		~	~				
Imaging (CT/PET Scans, MRIs)		₹	70%		v	2		-	П	
Speech Therapy		П		\$65.00	☑	V				
					1					
Occupational and Physical Therapy				\$65.00	✓	✓				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		~	70%		7	P				
X-rays and Diagnostic Imaging		7	70%		- -	_				
Skilled Nursing Facility		₹	70%		Ī					Ī
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		₹.	70%		✓	✓				
Outpatient Surgery Physician/Surgical Services		₹	70%		⊽	₹				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$12.00	V	~				
Preferred Brand Drugs				\$55.00	V	יכ				
Non-Preferred Brand Drugs				\$95.00	V	V				
Specialty Drugs (i.e. high-cost)		•	60%		V	v				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?	~	1	Name:	DC Gold OAEPC	70% \$25/40 T					
Specialty Rx Coinsurance Maximum:	\$150		Plan HIOS ID:	77422DC011000	15					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422	2					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	81.92%									
Metal Tier:	Gold									
	NOTE: Service-sp	ecific cost-sharin	g is applying for	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator										

This product, DC Gold OAEPO 70% $$25/40\,\text{T}$, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.92%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A C	oution Amount:		1st 7	lier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	oution Amount:		2nd 1	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver 💌			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$4,800.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)	\$7,9	00.00		L .						
MOOP if Separate (\$)			l				l			
Click Here for Important Instructions		Tie	-1			T:	er 2		Tier 1	Tier 2
Click Here for important instructions	Cubina A			C !f	Cbiba-			Carrair if		
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if		ies only after actible?
an-di-d	Deductible?	Coinsurance?	different	separate	Deductible? ✓ All	Coinsurance?	different	separate	□ All	All
Medical Emergency Room Services	▼ ×1			\$750.00					□ All	
All Inpatient Hospital Services (inc. MH/SUD)	V		80%	\$750.00	ניני	נוכו			N C	
			80%							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00	V					
X-rays)				A40.00	V	- -				П
Specialist Visit	Ш	Ц	***************************************	\$40.00	(2)	[2]			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient		•	64%		✓	v				
Services	-		000/		V	v				
Imaging (CT/PET Scans, MRIs)		2	80%	ATE 00						
Speech Therapy	₹	П		\$75.00	V	V			V	
0 1 1 10 1 17	✓			\$75.00	✓	✓			✓	
Occupational and Physical Therapy	П		100%	\$0.00	_	_	100%	\$0.00		
Preventive Care/Screening/Immunization	~	₹		\$0.00	U ⊽		100%	\$0.00		
Laboratory Outpatient and Professional Services	2	2	80% 80%		V	5				
X-rays and Diagnostic Imaging Skilled Nursing Facility	2		80%							
Skilled Nursing Facility	<u> </u>	•	80%		2	>			———	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$250.00	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	⊽	₹	100%		⊽	Þ			П	
Drugs	✓ All	✓ All	10070		✓ All	✓ All			□ All	□ All
Generics				\$12.00	▽	V				
Preferred Brand Drugs				\$55.00	v	v			Ö	- A
Non-Preferred Brand Drugs				\$95.00]	_ _			— Ä	
Specialty Drugs (i.e. high-cost)		<u> </u>	60%) [s	5				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?	V		Name:	DC Silver OAEPO	0 4800 80% \$25	/40 F				
Specialty Rx Coinsurance Maximum:	\$150		Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?	_									
#Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:										
Actuarial Value:	72.00%									
Metal Tier:	Silver									
	NOTE: One or mo	re services are n	ot subject to the	deductible and ha	ave no copay. A	Any service wit	h this cost-sharing	structure is c	overed at 100% I	y the plan in the
Additional Notes:	deductible range	. NOTE: Service-	specific cost-shar	ing is applying fo	r service(s) wit	h fac/prof com	ponents, overridi	ng outpatient	inputs for those	service(s).
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator										

This product, DC Silver OAEPO 4800 80% \$25/40 E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 72.00%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					Zna i	Tier Utilization				
Desired Metal Tier										
Desired Wetai Hei		1 Plan Benefit D	esign	I	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	i	Medical	Drug	Combined			
Deductible (\$)			\$1,650.00	Ī						
Coinsurance (%, Insurer's Cost Share)			90.00%							
MOOP (\$)			\$3,950.00	1						
MOOP if Separate (\$)							ı			
Click Here for Important Instructions		T:-	er 1			-	ier 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	✓ All	⊋ All	umerent	Separate	✓ All	✓ All	uniciciic	Separate	☐ All	☐ All
Emergency Room Services	•			\$0.00	v	v				- i
All Inpatient Hospital Services (inc. MH/SUD)	V	~	90%		v	v				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	v			\$0.00	v					
X-rays)						~				
Specialist Visit	v			\$0.00	V	-				
Mental/Behavioral Health and Substance Use Disorder Outpatient	•			\$0.00	₩.	▽				
Services	₹				2	2				
Imaging (CT/PET Scans, MRIs)				\$0.00 \$0.00						-
Speech Therapy	☑			\$0.00	₽	⊽			П	
Occupational and Physical Therapy	~			\$0.00	✓	✓				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00	П	П	100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$0.00	i i					
X-rays and Diagnostic Imaging	V			\$0.00	V	v				
Skilled Nursing Facility	V	v	90%		V	v				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	₹	90%		₹	₹				
Outpatient Surgery Physician/Surgical Services	•	v	100%		V	2				
Drugs	✓ All	✓ All		\$12.00	✓ All	✓ All			□ AI	All
Generics Preferred Brand Drugs	7	H		\$55.00	נו נו	נונו			v	
Non-Preferred Brand Drugs				\$95.00	Ž	Ž			Ž.	H
Specialty Drugs (i.e. high-cost)	·	Z	60%	333.00	ē.	Ū			Ö	H
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	DC Gold OAEPO	1650 100% HSA	ΑT				
Specialty Rx Coinsurance Maximum:	\$150		Plan HIOS ID:	77422DC011000	13					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422	<u>!</u>					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	Ш									
#Copays (1-10):										
Output		ı								
Calculate										
Status/Error Messages:										
Actuarial Value:	80.55%									
Metal Tier:	Gold									
	NOTE: Service-sp	ecific cost-sharir	ng is applying for s	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	its for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										
Option 3 Additive TIF adj	-1.00%									
Final AV	79.55%									

This product, DC Gold OAEPO 1650 100% HSA T, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.55%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

All Inspirient Hospital Services (inc. MH/SUD)	User Inputs for Plan Parameters											
Apply Skilled Nursing Facility Copany per Day? Use Separate MOOP for Medical and Prug Special and Pulps Special And Part of Medical and Pulps Special And Part of Medical Special And Part of Part of Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Test Type of Benefit Design Medical Drug Combined Deductible (S) Coinsurance (%, Insurer's Cost Share) MoOP if Separate (S) MoOP if Separate (S) Tier 2 Plan Benefit Design Medical Drug Combined Subject to Subject to Subject to Subject to Coinsurance, if Copany, if Subject to Coinsurance, if Cop	Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tie	red Network O	ption				
Use Separate Month Prof. Medical and Drug Spending? Indicate If Plan Meets CSR or Expanded Mortan AV Standard Part Plan Meets CSR or Expanded Mortan AV Standard Part Plan Meets CSR or Expanded Mortan AV Standard Part Plan Meets CSR or Expanded Mortan AV Standard Part Plan Meets CSR or Expanded Mortan AV Part Plan Meets CSR or Expanded Mortan Mortan Mortan Part Plan Meets CSR or Expanded Mortan Part Part Plan Meets CSR or Expanded Mortan Part Part Plan Meets CSR or Expanded Mortan Mortan Part Part Part Part Part Part Part Part	Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?					
Due Separate MoODP for Medical and Drug Spending? Indicate if Plan Medical From Phase Medical Tool Desired Metal Titler Desired Metal Titler The First Name Titler State State Desired Metal Titler The First Name Titler State State Desired Metal Titler The Combined State Stat	Apply Skilled Nursing Facility Copay per Day?		Annual Cantail			1st	Fier Utilization	:				
Desired Metal Tex Filer Flan Benefit Design Medical Drug Combined S. 50,000,00 S.	Use Separate MOOP for Medical and Drug Spending?		Annual Contri	button Amount:		2nd	Fier Utilization	:				
Tier 2 Plan Benefit Design Medical Drug Combined S0,000 to S0,000	Indicate if Plan Meets CSR or Expanded Bronze AV Standard?											
Medical Drug Combined Society Societ	Desired Metal Tier	Silver 💌										
Deductible (\$ S, Insurance (\$ Insurance		Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design				
Coinsurance (%, Insurer's Cost Share)		Medical	Drug	Combined		Medical	Drug	Combined				
MOOP (5 MOOP (5 Separate (5 Subject to Subject to Deductible? Coinsurance, II Copy, II Subject to Subject to Deductible? Coinsurance, II Copy, II Separate (5 Subject to Deductible? Coinsurance, II Copy, II Separate (5 Subject to Coinsurance, II Copy, II Separate (5 Subject to Coinsurance, II Copy, II Separate (5 Separate (Deductible (\$)			\$3,000.00								
Click Here for important instructions					1							
Tier Type of Benefit Subject to Deductible Coloraumace, if Coppy, if Deductible Coloraumace Coppy, if Deductible Coppy, if Deductible Coloraumace Coppy, if Deductible Coloraumace Coppy, if Deductible Coloraumace Coppy, if Coppy, if Deductible Coloraumace Coppy, if	MOOP (\$)			\$6,500.00	1							
Type of Benefit	MOOP if Separate (\$)							l				
Type of Benefit												_
Medical	LICK Here for Important Instructions				,				,			_
Medical	Type of Benefit											
Second S				different	separate			different	separate			_
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and Y-Tays) Specialist Visit Wental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Specialist Visit Sound					AF00.00							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and Y-Tays) Specialist Visit Wental/Behavioral Health and Substance Use Disorder Outpatient Services Imaging (CT/PET Scans, MRIs) Specialist Visit Sound				000/	\$500.00	2	2					
Sum		<u> </u>		90%		[2]	[2]			Ш		
Secretarist Visit		₹.			\$0.00							
Mental/Behavioral Health and Substance Use Disorder Outpatient Services Services Services Services Services Sources Sources Sources Sources Sources Sources Sources Sources Services Service												
Services		~	Ш		\$0.00	- V	[-]			Ш		
Imaging (CT/PET Scans, MRIs)	· · · · · · · · · · · · · · · · · · ·		П		\$0.00	✓						
Speech Therapy Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging X-rays and Diagnost												
Occupational and Physical Therapy Preventive Care/Screening/immunization Laboratory Outpatient and Professional Services V												
Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services V	peech Therapy	<u> </u>			\$75.00	V	<u> </u>			<u> </u>	ш	
Preventive Care/Screening/Immunization		✓			\$75.00	✓	✓			✓		
Laboratory Outpatient and Professional Services V-rays and Diagnostic Imaging V												
X-rays and Diagnostic Imaging Y			<u> </u>	100%				100%	\$0.00			
Skilled Nursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services V V 100% Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Ambulatory Surgery Center Surgery Cen												
Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services Drugs Preferred Fan W					\$0.00					····		
Outpatient Surgery Physician/Surgical Services Drugs Plant Drugs Plant Drugs Plant Drugs Preferred Brand Drugs Non-Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits: Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Copays? # Yoists (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays? # Copays (1-10):	killed Nursing Facility			90%		2	2					
Generics Drugs rugs D	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	~	90%		✓	✓					
Drugs	Outpatient Surgery Physician/Surgical Services	V	V	100%		₽	⊽			П	П	
S12.00											All	
Preferred Brand Drugs S55.00 Soperating Drugs Specialty Drugs (i.e. high-cost) Specialty Drugs (i.e. high-cost) Specialty Drugs (i.e. high-cost) Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: S150 Set a Maximum Number of Days for Charging an IP Copay? Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):					\$12.00							
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: S150 Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Wisits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays (1-10):	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					i i	Ū			7	Ö	
Specialty Drugs (i.e. high-cost)											Ä	
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments? Set a Maximum on Specialty Rx Coinsurance Maximum: \$150 Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):				60%								
Set a Maximum on Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays (1-10):					1:	,						_
Specialty Rx Coinsurance Maximum: \$150 Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):		~	1			O 3000 100% HS	A E					
Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 77422 # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):				Plan HIOS ID:	77422DC011000	6						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):				Issuer HIOS ID:	77422							
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? #Copays (1-10):	# Days (1-10):											
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? #Copays (1-10):	Begin Primary Care Cost-Sharing After a Set Number of Visits?		i									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? (1-10):		_										
Copays? #Copays (1-10):		П	i									
#Copays (1-10):		_										
	Output		•									
. Calculate	Calculate											
Status/Error Messages:												
Actuarial Value: 71.34%		71.34%										
Metal Tier: Silver	vletal Tier:	Silver										
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).		NOTE: Service-sp	ecific cost-sharin	g is applying for	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).		
Additional Notes:	Additional Notes:											
Calculation Time: 0.0469 seconds	Calculation Time:	0.0469 seconds										
Final 2020 AV Calculator	altulation fille.											

This product, DC Silver OAEPO 3000 100% HSA E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.34%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:			Fier Utilization				
Use Separate MOOP for Medical and Drug Spending?		7 timadi contin	Jacion 7 uno ant.		2nd 1	Fier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)	90.00%	100.00%								
MOOP (\$)	\$7,5	00.00		Į.						
MOOP if Separate (\$)			ļ				1			
		_								
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
And the d	Deductible? ✓ All	Coinsurance?	different	separate	Deductible? ✓ All	Coinsurance?	different	separate	deduc	TIBLE?
Medical Emergency Room Services	₹ All	□ All		\$500.00					✓ All	
	<u> </u>	- U	90%	\$500.00	0.0	נ נ			ä	
All Inpatient Hospital Services (inc. MH/SUD)			90%			<u> </u>			Ш	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		•	90%		✓					
X-rays)		-	200/		~	2				
Specialist Visit	Ш		90%		<u> </u>	[2]			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services		•	94%		✓	⊌				
Imaging (CT/PET Scans, MRIs)	v	2	90%		⊽	v				
Speech Therapy	₹		30/6	\$65.00	0 0	ō			v	
эрессі петару										
Occupational and Physical Therapy	₹			\$65.00	✓	✓			✓	
Preventive Care/Screening/Immunization	П	П	100%	\$0.00	П	П	100%	\$0.00		
Laboratory Outpatient and Professional Services		Н	20070	\$15.00	V	~	20070	30.00		П
X-rays and Diagnostic Imaging				\$65.00		ē			- i	
Skilled Nursing Facility	V	Z	90%		0 0	2			Ä	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$500.00	✓	☑			✓	
Outpatient Surgery Physician/Surgical Services	V	₹	100%		₹	₹				
Drugs	₽ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$12.00	~	¥				
Preferred Brand Drugs				\$55.00	2	v				
Non-Preferred Brand Drugs				\$95.00	V	v				_
Specialty Drugs (i.e. high-cost)		~	60%		~	V				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	DC Gold OAEPO						
Specialty Rx Coinsurance Maximum	\$150		Plan HIOS ID:	77422DC011000	2					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422						
# Days (1-10)										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10)		J								
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	79.17%									
Metal Tier:	Gold	_								
									covered at 100% by	
Additional Notes:	deductible range	. NOTE: Service-	specific cost-shar	ing is applying fo	r service(s) wit	h tac/prof com	ponents, overridi	ng outpatient	inputs for those se	ervice(s).
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										

This product, DC Gold OAEPO 1500 90% E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.17%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌		Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		7 miliour contin	Jacion 7 amount.		2nd 1	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier						4	1			
		1 Plan Benefit De				2 Plan Benefit				
D. I. (1) (A)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			\$2,800.00 90.00%							
MOOP (\$)			\$6,750.00	+						
MOOP (5)			30,730.00	_		l	<u> </u>			
WOOT IT Separate (2)							1			
Click Here for Important Instructions		Tie	r1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		ctible?
Medical	₩ All	₽ All			✓ All	✓ All			☐ All	All
Emergency Room Services	•	7	71%		2 5	7				
All Inpatient Hospital Services (inc. MH/SUD)	v	V	90%	***************************************	V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~	•	90%							
X-rays)										
Specialist Visit	v	~	90%		V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	•	90%		v					
Services						2				
Imaging (CT/PET Scans, MRIs)	<u> </u>	<u> </u>	90%		ا د					<u> </u>
Speech Therapy	₹	₹	90%		✓	⊽				
0	✓	✓	90%		✓	ゼ				
Occupational and Physical Therapy	П	П	100%	\$0.00	П	_	100%	\$0.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	2	7	90%	\$0.00		F	100%	\$0.00		
X-rays and Diagnostic Imaging	2	<u> </u>	90%		2	Ž				
Skilled Nursing Facility	2	☑	90%		Š	0			H	
									————	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	✓	90%		✓	☑				
Outpatient Surgery Physician/Surgical Services	₹	V	90%		⊽	V			П	П
Drugs	✓ All	₹ All			✓ All	✓ All			☐ All	All
Generics	~			\$12.00	~	v			~	
Preferred Brand Drugs	₹.			\$55.00	2	~			₹	
Non-Preferred Brand Drugs	V			\$95.00	2	7			v	
Specialty Drugs (i.e. high-cost)	~	>	60%		~	V				
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	DC Silver OAEP		ιE				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	77422	2					
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output # copays (1-10).		J								
Calculate										
Status/Error Messages:										
Actuarial Value:	71.31%									
Metal Tier:	Silver									
		ecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overridir	ng outpatient inpu	ts for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										

This product, DC Silver OAEPO 2800 90% HSA E, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 71.31%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantail	oution Amount:		1st 7	lier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd 1	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 💌			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)	90.00%	100.00%								
MOOP (\$)	\$7,9	00.00		L .						
MOOP if Separate (\$)			l				l			
Click Here for Important Instructions		Tie	-1			T:	er 2		Tier 1	Tier 2
Click Here for important instructions	Cubinata			C !f	Cbiba-			Carrair if		
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to		Coinsurance, if	Copay, if		ies only after
AA 11 1	Deductible?	Coinsurance?	different	separate	Deductible? ✓ All	Coinsurance?	different	separate	□ All	ictible?
Medical Emergency Room Services	▼ XII			\$500.00)				□ All	
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	2	90%	\$500.00	נונ	נוכו			N C	
			90%							
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00	V					
X-rays)				A40.00	V	- -				П
Specialist Visit	Ш		***************************************	\$40.00	(2)	[2]			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient		•	88%		✓	v				
Services	- 2		000/		V	v				
Imaging (CT/PET Scans, MRIs)		2	90%	ACE 00						
Speech Therapy	☑			\$65.00	V	V			V	
0	✓			\$65.00	✓	✓			✓	
Occupational and Physical Therapy	П		100%	\$0.00	_	_	100%	\$0.00		
Preventive Care/Screening/Immunization			100%		U ⊽		100%	\$0.00	•	
Laboratory Outpatient and Professional Services	▽			\$15.00 \$65.00	V	5			•	
X-rays and Diagnostic Imaging Skilled Nursing Facility	₹		90%	\$05.00					<u> </u>	
Skilled Nursing Facility	<u> </u>	v	90%		٧	>			———	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₩.			\$250.00	✓	✓			₹	
Outpatient Surgery Physician/Surgical Services	V	₹	100%		⊽	Þ			П	
Drugs	₹ All	₹ All	10070		✓ All	✓ All			□ All	□ All
Generics				\$12.00	▽	V				
Preferred Brand Drugs	i i			\$55.00	v	v			Ö	- A
Non-Preferred Brand Drugs				\$95.00]	_ _			— Ä	
Specialty Drugs (i.e. high-cost)	Ä	V	60%		<u> </u>	5			Ä	
Options for Additional Benefit Design Limits:			Plan Description	١٠						
Set a Maximum on Specialty Rx Coinsurance Payments?		I	Name:	DC Gold OAEPO	500 90% \$25/4	D.F.				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay?		i	Issuer HIOS ID:	77422						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	i								
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	79.77%									
Metal Tier:	Gold									
		ore services are n	ot subject to the	deductible and ha	ve no copay.	Any service wit	h this cost-sharing	structure is c	overed at 100% I	y the plan in the
Additional Notes:							ponents, overridi			
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										

This product, DC Gold OAEPO 500 90% \$25/40 E, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.77%

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters		- -								
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?	✓	HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan				
Apply Skilled Nursing Facility Copay per Day?	•	Appual Contril	bution Amount:		1st 1	Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	button Amount.		2nd 1	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$6,000.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	4						
MOOP (\$)		1	\$7,900.00	1						
MOOP if Separate (\$)							Į.			
Click Here for Important Instructions		Tie	or 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to		Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	✓ All	⊋ All	different	separate	✓ All	✓ All	unierent	separate	□ All	All
Emergency Room Services	•	ñ		\$500.00		2			•	- i
All Inpatient Hospital Services (inc. MH/SUD)	Ž	— H		\$300.00	9 9	Ī			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	~			\$15.00	~	~			~	
Specialist Visit	~			\$50.00	V	~			•	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~	~	91%		₩.	~				
Imaging (CT/PET Scans, MRIs)	☑			\$250.00	.	v			V	_
Speech Therapy	☑			\$50.00	V	V			₹	
	☑			\$50.00	V	⊽			₹	
Occupational and Physical Therapy	₩.			\$50.00	<u> </u>				₩.	Ц
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•			\$15.00	V	V			•	
X-rays and Diagnostic Imaging	v			\$50.00	2	7			V	
Skilled Nursing Facility	V			\$300.00	V	٦			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₹	₹	80%		✓	V				
	_					_				_
Outpatient Surgery Physician/Surgical Services	V	₹	80%		V	v				
Drugs	✓ All	✓ All			✓ All	✓ All			All	All
Generics	2			\$15.00	١	0 0			2	
Preferred Brand Drugs	2			\$65.00	5				2	
Non-Preferred Brand Drugs	2		500/	\$100.00	5	2			2	
Specialty Drugs (i.e. high-cost)	~	~	60%		V	V			Ш	
Options for Additional Benefit Design Limits:		1	Plan Description			F (FO F				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	DC Bronze OAE		5/50 E				
Specialty Rx Coinsurance Maximum:		ł	Plan HIOS ID:	77422DC011000						
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	77422						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		ł								
# Visits (1-10):	П									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	ł								
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:										
Actuarial Value:	61.06%									
Metal Tier:	Bronze									
		ecific cost-sharin	g is applying for	service(s) with fa	c/prof compon	ents, overridir	g outpatient inpu	ts for those sei	rvice(s).	
Additional Notes:						.,				
- management of the second of										
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator										

This product, DC Bronze OAEPO 6000 80% \$15/50 E, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.06%

Components of 1Q19 to 1Q20 Rate Change	No Risk Adjustment Merger	With Risk Adjustment Merger
2019 Approved Trend	12.3%	12.3%
Proposed 1/1/2020 Base Rate Increase	-9.3%	-9.5%
HIF reinstatement	2.6%	2.6%
Benefit Design Changes	-0.1%	-0.1%
Impact of Individual-Small Group Risk Adjustment Merger	0.0%	3.0%
Total 1Q2019 to 1Q2020 Rate Change	5.5%	8.3%

SERFF Tracking #: AETN-131944476 State Tracking #: Company Tracking #: DCALICSG2020

State: District of Columbia Filing Company: Aetna Life Insurance Company

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/28/2019		Rate	DC SG ALIC PPO 2020	05/29/2019	DC_SG_77422_Rates_ON_1Q2020 _v1a.xlsm DC_SG_77422_Rates_ON_1Q2020 _v1a_IVL.xlsm
05/24/2019		Supporting Document	Additional Supporting Documentation	05/28/2019	ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020.pdf 2020Aetna AVCCert Template_DC_ALIC.pdf DISB Filing Checklist - ALIC 2020.pdf Exhibit 12 - ALIC Key Factors.pdf Exhibit A-1 - ALIC Rate Change by plan.pdf Exhibit A- 2_DC_SG_77422_AV_Screenshots _2020.pdf ACT Memo Exhibits from FACT_DC - ALIC - 1Q2020 IVL.pdf DISB Filing Checklist - ALIC 2020 IVL.pdf Exhibit 12 - ALIC Key Factors IVL.pdf Exhibit A-1 - ALIC Rate Change by plan IVL.pdf Exhibit A-2_DC_SG_77422_AV_Screenshots _2020.pdf
05/17/2019		Rate	DC SG ALIC PPO 2020	05/28/2019	DC_SG_77422_Rates_ON_1Q2020 _v1.xlsm (Superceded) DC_SG_77422_Rates_ON_1Q2020 _v1_IVL.xlsm (Superceded)

SERFF Tracking #: AETN-131944476 State Tracking #: Company Tracking #: DCALICSG2020

State: District of Columbia Filing Company: Aetna Life Insurance Company

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Product Name:DC ALIC PPO SG 2020Project Name/Number:2020 Exchanges - Aetna/ALIC

Attachment DC_SG_77422_Rates_ON_1Q2020_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_SG_77422_Rates_ON_1Q2020_v1_IVL.xlsm is not a PDF document and cannot be reproduced here.